

ANNUAL REPORTS
FOR THE YEAR
1908,
ON THE
BOROUGH OF EVESHAM,
AND
EVESHAM,
PERSHORE AND FECKENHAM
RURAL DISTRICTS,
AND
APPENDIX ON TUBERCULOSIS.

BY
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PERSHORE:
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To the Evesham Corporation.

MR. MAYOR AND GENTLEMEN,

I have the honour to present my 35th Annual Report which refers to the year 1908.

Copies will, as usual, be forwarded to the Local Government Board, Secretary of State, and the County Council.

Statistical data.

The following Tables I, III, IV and V, are given as required by the Local Government Board.

Table II is omitted, as it is not applicable to the Borough.

TABLE I.

YEAR.	Population estimated to the end of 1908.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate. *	Number.	Rate per 1,000 Births registered.	Number.	Rate. *				Number.	Rate. *
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	7,150	201	28.1	24	119	101	14.1	5	3	5	130	17.0
1899.	7,545	208	27.5	20	96	103	13.6	9	3	7	100	14.0
1900.	7,645	212	27.7	31	146	128	16.7	2	2	6	103	14.5
1901.	7,101	229	32.2	21	91	96	13.5	14	8	10	109	15.3
1902.	7,101	219	30.8	29	132	99	13.9	13	5	3	98	13.6
1903.	7,101	238	33.5	35	147	107	15.0	10	7	8	110	14.0
1904.	7,101	209	29.4	17	81	100	14.0	8	6	9	104	13.2
1905.	7,800	228	29.2	31	136	109	13.9	6	1	7	99	11.9
1906.	7,800	224	28.7	32	142	101	12.9					
1907.	8,290	234	28.2	16	68	93	11.2					
Averages for years 1898-1907.	7,463	220	29.4	25	115	103	13.8	8	4	6	106	14.1
1908.	8,290	234	28.2	16	68	94	11.3	6	1	7	100	12.0

* Rates calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of illness, and dying there, and by the term "Residents" is meant persons who have been taken out of the district on account of illness, and have died elsewhere.

Table II. is omitted as it is not applicable to the Borough.

TABLE III.

Cases of Infectious Disease notified during the Year 1908.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							Total cases removed to Hospital.
	At all Ages.	At Ages—Years.						
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards	
Small-pox ..								
Cholera								
Diphtheria (includ- ing Membranous Croup)	7		1	4	1	1		5
Erysipelas ..	4							
Scarlet fever ..	8		1	6	1			7
Typhus fever ..								
Enteric fever ..								
Relapsing fever ..								
Continued fever ..								
Puerperal fever ..								
Plague								
Totals ..	19		2	10	2	1		12

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	1		1				
Scarlet Fever ..							
Whooping-cough ..	1	1					
Diphtheria and membranous croup ..	2		2				
Croup							
Fever { Typhus							
Enteric							
Other continued ..							
Epidemic Influenza ..							
Cholera							
Plague							
Diarrhœa	1	1					
Enteritis							
Puerperal fever ..							
Erysipelas							
Other septic diseases ..							
Phthisis	7		1	1	2	3	
Other tubercular diseases	1	1					
Cancer, malignant disease	8					3	5
Bronchitis	11	2	3				6
Pneumonia	1		1				
Pleurisy							
Other diseases of Respiratory organs ..	1	1					
Alcoholism							
Cirrhosis of Liver } ..	3					3	
Venereal diseases ..							
Premature birth ..	4	4					
Diseases and accidents of parturition ..							
Heart diseases ..	9			1		3	5
Accidents	2	1	1				
Suicides	2				1	1	
Senile decay	11					1	10
.....							
.....							
.....							
All other causes ..	35	5	5	4		13	8
All causes ..	100	16	14	6	3	27	34

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week	1—2 Weeks.	2—3 Weeks.	3—4 Weeks	Total under 1 month	1—2 Months	2—3 Months.	3—4 Months.	4—5 Months.	5 6 Months.	6—7 Months.	7—8 Months.	8—9 Months.	9—10 Months.	10—11 Months.	11—12 Months	Total Deaths under One Year.
ALL CAUSES	Certified.. Uncertified	7				7	1	2			1			2	1	2		16
Common Infectious Diseases.	Small Pox ...																	
	Chicken Pox ...																	
	Measles ...																	
	Scarlet Fever ...																	
	Diphtheria: including Membranous Croup																	
Diarrhoeal Diseases	Whooping Cough															1		1
	Diarrhoea, all forms									1								1
	Enteritis, Muco-enteritis, Gastro-enteritis																	
Wasting Diseases	Gastritis, Gastro-intestinal Catarrh																	
	Premature Birth.	4				4												4
	Congenital defects																	
Tuberculous Diseases.	Injury at Birth..																	
	Want of Breast Milk, Starvation																	
	Atrophy, Debility, Marasmus	3				3	2											5
Other Causes.	Tuberculous Meningitis																	
	Tuberculous Peritonitis: Tabes Mesenterica																	
	Other Tuberculous Diseases													1				1
Other Causes.	Erysipelas ..																	
	Syphilis ..																	
	Rickets ..																	
	Meningitis (not Tuberculous)																	
	Convulsions ..														1			1
	Bronchitis ..													1		1		2
	Laryngitis ..																	
	Pneumonia ..																	
Suffocation, overlying							1											1
Other Causes ..																		
		7				7	1	2			1			2	1	2		16

Table I. shows that 234 births were registered in 1908, and that the birth rate amounted to 28·2 per 1000 of the population; as compared with an average rate during the 10 years 1898—1907 of 29·4. I am glad to say this is higher than the corresponding rate of England and Wales, which amounted to 26·5 per 1000 of the population, a rate which is 0·2 per 1000 above that in 1907; compared with the average in the ten years 1898—1907 this birth rate in 1908 showed a decrease of 1·6 per 1000.

Table I. shows that the total number of deaths registered in the Borough in 1908 was 94 and that the death rate upon this basis amounted to 11·3. On the other hand the “nett death rate” arrived at by excluding “deaths of non-residents registered in Public Institutions in the Borough,” and including “deaths of residents registered in Public Institutions” who belonged to it equalled 12·0.

Last year (Table I) there were 7 deaths of “residents registered in Public Institutions beyond the District” who belonged to Evesham, viz. Powick Asylum 1, Evesham Workhouse 6; and there was one death of a non-resident in the Cottage Hospital.

The death rate in England and Wales in 1908 was 14·7 per 1000 which was 0·3 per 1000 below the rate in 1907 and lower than the rate in any other year on record; compared with the average rate in the ten years 1898—1907, the death rate in 1908 showed a decrease of 1·7 per 1000.

The “infantile mortality” of 1908 was only 68 per 1000 deaths registered; the standard of a healthy district being about 100. Details of these are given in Table V.

Table VI. shows that the local Zymotic death rates, as compared with those of England and Wales, are favourable.

TABLE VI.
Rates per 1000 of Population.

	All causes.	Zymotic Diseases.	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Deaths under 1 year per 1000 Births.
Borough of Evesham	11·3	0·5	0·0	0·12	0·0	0·2	0·12	0·0	0·12	68
England and Wales	14·7	1·29	0·0	0·22	0·08	0·15	0·27	0·07	0·5	121

Extent, distribution and causes of Notifiable disease.

Nineteen cases of infectious diseases were notified during the year; details are given in Table III.

Smallpox.

No case was reported.

Measles.

Only one death was attributed to Measles, and this occurred in January, during which month it became necessary to close four of the Elementary Schools in the Borough in consequence of local outbreaks. These closures were necessary because the "attendances" were very low, and not because I thought such a step would prevent the spread of the disease; for I am convinced that school closure and notification of the disease do not avert epidemics. The reason for this is, that measles is very infectious during the first three days *before* the rash appears. Hence, if it is introduced into a school the first crop of secondary cases will occur about 12 days after the original case, and in 12 days more there will be a second crop comprising the majority of the unprotected children. The rapidity of spread depends in large measure upon the number of unprotected children in the class or school, and epidemics usually follow at intervals of about 2 to 3 years.

Almost all young children who have not already had it are susceptible to it, the susceptibility being greatest in the second to the fifth year of life. Similarly measles is more fatal to "infants" than to older children, and if an attack can be postponed from infancy to childhood, the mortality is less. Deaths of children from measles are not usually caused by the disease itself, but by sequelæ, such as pneumonia or bronchitis, brought on by improper care, and careless parents not keeping their children warm, preferably by keeping them in bed. I have offered these few remarks upon measles, because I wish to emphasise the failure of school closure to avert epidemics of the disease, and to suggest the adoption of one of two courses having that object in view, *viz.*:

(a) *A Class Closure* of short duration after the occurrence of a *single* case of measles, on the 9th day after the sickening of the first child, for a period of 5 days only, after which time only those who have sickened should be excluded with those in the same households who have not had measles. As the infection of measles is not commonly conveyed by healthy persons, it is unnecessary to exclude from school the children from infected households, if they themselves have had measles.

(b) To adopt a plan which, on the advice of Dr. Robertson has recently been tried with success at Birmingham, *i. e.* for the School Teachers to issue notices to all parents of children (especially in infant

departments) in any class in which a case of measles has occurred, warning them to be on the alert for any signs of measles, such as sneezing, running at the eyes and nose, and a general appearance of a cold, and should such symptoms be noticed, to keep the child away from school, and in the warm for a few days, by which time, if the case be one of measles, the characteristic rash will have occurred.

Of these two plans, I think the latter should in the first instance be adopted, as there is every reason for thinking it will be effective, and will not dislocate educational arrangements.

Scarlet Fever.

Table VII. shows the monthly incidence of Scarlet Fever.

TABLE VII.

No. of cases in each month.	Total	Dates of fatal cases.
May (3), Aug. (2), Sept. (1), Oct. (1), Dec. (1)	8	None.

Seven of these cases were removed to the Sanatorium, and the other one was isolated at home.

None were of etiological interest, personal infection being the method of distribution.

The usual precautionary measures with regard to disinfection were carried out, the bedding, etc., being invariably passed through your steam disinfecter.

Diphtheria.

Table VIII. shows the monthly incidence of Diphtheria.

TABLE VIII.

No. of cases in each month.	Total.	Dates of fatal cases.
Feb. (2), Dec. (5)	7	July 28th, 1908 December 8th, 1908

Five of the cases were removed to Sanatorium.

The death which occurred on July 28th, was certified as "paralysis following diphtheria," and the case was not notified, as it was not seen by a medical man during the acute stage: there was however strong presumptive evidence that it was diphtheritic in character.

In connection with the 5 cases of diphtheria in December and continuance of the disease through the early part of 1909, I think it necessary to treat the question somewhat in detail, and in order that you

may appreciate what the local incidence of the disease has been during the last quinquennial period, I submit the following Table IX.

TABLE IX.

Year.	No. of Cases.	No. of Deaths.
1904	3	—
1905	—	—
1906	6	1
1907	5	—
1908	7	2
1909 to March 27th	11	1
	32	4

You will notice that during the past 5 years, the town has experienced considerable immunity from Diphtheria. The recent outbreak really began in December last, as 5 of the 1908 cases were notified in that month.

Table X. shews the monthly incidence of the disease since December 4th, 1908.

TABLE X.

Month.	No. of cases.	No. of families attacked.	Date of fatal cases.
December, 1908	5	3	December 8th,
January, 1909	4	4	1908.
February, 1909	3	3	
March, 1909	4	4	March 8th,
(to 27th)			1909.
	16	14	

If you will compare Tables IX. and X. you will see that 16 of the 32 cases notified between Jan. 1, 1904 and March 27, 1909 appeared during the past 4 months; similarly 2 of the 4 deaths which were registered, occurred during the latter period.

Table XI. shows the sex and ages of those attacked since December 4th, 1908.

TABLE XI.

Sex.	Age, in years of attack.					
	Under 1	1—5	5—15	15—25	25 upwards	Total.
Male 6) Female 10) 16	7	7			2	16

Inferences to be drawn from perusal of Tables X. and XI. are : First : that the 16 cases occurred in 11 houses, and Second : that the disease was mainly confined to children. The former I believe was in some measure due to the promptitude with which all the patients were taken to the Sanatorium.

It will also be gathered by glancing at Table X. that one of the cases notified this year, died. This fatal attack was an infant who succumbed so quickly that it was not possible to remove her to the Sanatorium.

All the other cases were treated at that Institution.

The Sub-District Registrar's Returns, when issued, will shew that two other deaths also occurred in the Borough during the present quarter. These also took place at the Sanatorium, whither the patients were taken from a village (in the Rural District) in which it lately became necessary to close the Elementary Schools, owing to an outbreak of diphtheria.

I may also remind you that in an adjacent Gloucestershire Rural District, this disease has recently been prevalent, and that patients from there were also treated at the Sanatorium.

Passing on to consideration of the causation of diphtheria. I would say that it is a microbial disorder, the typical bacillus of which, is readily detected by bacteriological tests.

The disease is acquired, directly or indirectly from a previous case, and it is now known that it is rarely, if ever, due to bad drains, or polluted water; although doubtless insanitary conditions may act as predisposing causes, by lowering vitality.

Milk may disseminate diphtheria occasionally; but in the vast majority of cases, it is spread by personal infection, and very frequently by cases of so called "sore-throat", which in reality, are mild instances of diphtheria.

These are facts to which I have repeatedly called attention. For instance; in my County Report for 1902 (copies of which were sent to you) I wrote "These outbreaks are reported to have been due to "personal infection, mainly conveyed from child to child at school. "Mild and unsuspected cases are said to have frequently led to "extension of the disease. Once more, therefore, I would repeat that "in districts where diphtheria has broken out, all cases of "sore-throat" should be regarded with suspicion, and that if it occurs "among the pupils of any particular school, speedy closure and "disinfection of the school buildings are preventative measures "which should not be delayed until the disease has become epidemic. "The free use of bacteriological tests and frequent enquiries at the "schools with a view of excluding all children with sore-throat, are "precautions which should not be disregarded."

Again, in my County Report for 1907, I said "The increased number of cases notified last year is no doubt due to the fact that bacteriological tests have now enabled clinically atypical cases (which formerly escaped detection and spread the disease) to be diagnosed. It is gratifying to observe that the facilities the County Council offer for resorting to bacteriological tests WITHOUT CHARGE are appreciated, and largely made use of."

In support of my views, I quote the following extract from a Memorandum issued by the Local Government Board in January 1908.

"Diphtheria in schools, though spreading less rapidly than Measles, is often very persistent and sometimes causes serious mortality. An outbreak is often preceded by cases of sore-throat, not obviously of diphtheritic nature or not so recognised, but in which the diphtheria bacillus can often be identified in secretion taken from the throat by swabs. The specific bacillus may often be found in the throats of persons who have been in contact with cases of diphtheria, but are themselves apparently healthy. When diphtheria breaks out in a school, it is desirable that the other children in the class affected should be examined with a view to the detection of such cases of sore-throat, and in many cases bacteriological examinations may be necessary. It is desirable also that bacteriological examinations should be made of the throats of convalescents from diphtheria, and that they should not be allowed to return to school until the absence of the diphtheria bacillus is satisfactorily shown."

Such are the accepted theories as to the causation of diphtheria.

Reverting to consideration of the present local outbreak I would say that there is no evidence that Milk has disseminated the disease; for of the 16 persons attacked since December 4th last, 15 were supplied with Milk from 6 different dairies, and 1 used condensed Milk.

There was no special incidence of the disease at any particular school, the cases have been distributed among all in the Borough. This being so, I did not close any school, although as I previously stated I hold that "speedy closure and disinfection of the school buildings, are preventative measures which should not be delayed until the disease has become epidemic.

I am convinced that this outbreak is being spread by diphtheritic "sore-throat" and consequently I think that as soon as a case of diphtheria is recognised, other persons in the same house, or children in the class at school, should be carefully examined, and "swabs" from their throats be submitted to bacteriological "tests."

With that view, I have sought the co-operation of the local medical practitioners, who told me that they agreed with my views, and would take swabs from the throats (of course assuming permission be granted) of all occupiers of dwellings in which they found a case of diphtheria.

I advise also that when a case of diphtheria occurs in a child at school, other children in the same class (and in some instances in the same department even) should be forthwith examined, and their throats "swabbed." I think you will appreciate that it would be quite impracticable for me to attempt such procedure, as my services are not always available at a moment's notice; consequently I suggest that it is desirable for you to make arrangements for this to be undertaken by some medical man residing in Evesham. I hesitate the less to make this recommendation, because I know it can be done at small cost, and that one gentleman is willing to undertake it.*

Furthermore, I would reiterate that all bacteriological tests are made at the County Laboratory without charge.

The "serum" treatment of persons suffering from diphtheria is now so well established, and has resulted in such saving of life, that I need not plead for its adoption, as years ago I had to do.

One of the essentials for cure is that this "anti-toxin" should be injected *immediately* there is reason for thinking that an attack is imminent, for the earlier a patient is treated, the greater the chance of recovery. Not only is "anti-toxin" a valuable curative agent—especially as I just said, when used in the early stages of the ailment—but evidence seems to be accumulating in support of the view, that it has also prophylactic power. The period for which it acts as a preventative is however, a short one. But even so, it seems to me that those exposed to diphtheritic infection, should be injected; inasmuch as good may result, and no ill effects are likely to ensue.

Many local Authorities in the County afford facilities for carrying out this treatment (and among them, the Evesham Joint Hospital Board) by paying for the anti-toxin in those instances where persons are unable to do so themselves, and I ask you to adopt a similar course, for some patients have to be injected before they are moved to the Sanatorium.*

By direction of the County Council, I have stored this serum at my office since 1895, in order that medical men can readily obtain it, and at cost price; and to meet the present emergency I have also arranged for it to be stored at your Surveyor's office. A phial which contains sufficient for the injection only costs 2/9.

Typhoid Fever.

I am glad to say that no case was reported during the year.

Tuberculosis.

The following shows the number of deaths from Consumption in each of the years 1902—1908 inclusive.

	1908	1907	1906	1905	1904	1903	1902
No of Deaths	7	13	11	7	7	9	5

* The Corporation have adopted this recommendation.

The Phthisis mortality equalled 0·8 per 1000 of the population as compared with 0·8 the average for the County of Worcester for the 10 years 1898—1907.

Your Inspector offered to disinfect in those cases where the deaths did not take place in Public Institutions, and he was able to do so in 2 instances.

I desire to call your special attention to the Appendix of this report, which contains my memorandum on Consumption.

Isolation Hospital Accommodation.

During 1908 the total number of patients treated at the Sanatorium was 61, viz:

Diseases.	Evesham Borough.		Evesham Rural District.		Pebworth Rural District.		Total Cases.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Scarlet Fever ..	7	—	5	—	—	—	12	—
Diphtheria .	5	1	20	—	24	—	49	1
Typhoid Fever..	—	—	—	—	—	—	—	—
Total ..	12	1	25	—	24	—	61	1

The Joint Hospital for Smallpox maintained by you and the Evesham and Pershore District Councils, is in good order, and although constantly kept in readiness, has, I am glad to say, not been required. Owing to the number of “exemptions” from vaccination now being obtained in England, it is anticipated that the next attack of Smallpox will be a troublesome one.

Schools.

The following Table shows the schools closed during the year :—

Schools.	Date.	Period.	Cause.
Evesham C. E. ..	January 20th	2 weeks	Measles
„ British ..	„	„	„
Bengeworth C. E.	„	„	„
St. Mary's R. C. ..	„	„	„

In my last Annual Report I mentioned that the Local Government Board had requested that future Annual Reports should refer to the sanitary condition of the public elementary schools. In consequence of this, your Borough Surveyor and Sanitary Inspector

(Mr. Harvey) has recently made a survey of the schools in the Borough, and submitted plans of the out-offices, of each school. I cannot reproduce the plans here, but I give a copy of his "remarks":—

Bengeworth Church of England School.

"W.C.'s and lavatories drained to sewer, trapped and ventilated.
 "Boys' closets: Range of three trough closets.
 "Girls' and Infants' closets: Range of six trough closets.
 "A urinal is provided on both sides, flushed by hand. Flushing
 "apparatus should be provided. The W.C.'s are automatically
 "flushed. Play-ground and entrances badly drained and very
 "wet. The sanitation is fair, but W.C.'s not up-to-date."

Evesham, Swan Lane, British School. (Boys and Girls).

"There are five closets for girls and infants. Lavatory basin and
 "gully inside building. The boys have three small closets and
 "urinal in cramped position. The drains are not ventilated.
 "The closets are far too small. One trough serves for boys' and
 "girls' closets. The flushing is automatic, and the fall pipe spoils
 "one closet, on the boys' side. The lighting and ventilation are
 "not good, and general sanitation defective, but I understand these
 "schools are to be rebuilt shortly."

Evesham, Swan Lane, British School. (Infants).

"The drains are ventilated. There is a range of six trough closets
 "with automatic flushing cistern. The closets are narrow and
 "badly lighted. There is a small lavatory with three basins, gully
 "inside. The urinal is a "corner" glazed sink, set low, and dis-
 "charges to gully outside. A wooden box is kept over the gully.
 "The sanitary condition should be improved, and I believe re-
 "modelling of these schools will be considered in the near future."

Evesham Church of England School.

"There are now ten W.C.'s (separate basins) with automatic
 "flushing for girls and infants, and three for boys. There are two
 "urinals for boys, and these have flushing tanks and spare pipes.
 "The drains are trapped and ventilated. The sanitary condition
 "of the out-offices is very good. The infants' playground is not
 "paved, and it is now dirty gravel."

Evesham St. Mary's, Roman Catholic School.

"These schools are newly built. There are five closets on the
 "girls' side and four on the boys' side: all on the "trough" principle,
 "with automatic flushing. The drains are properly laid and ven-
 "tilated. The premises are in good order."

House Accommodation.

During 1908, 36 houses were built and 2 courts were paved. To shew the progress the Borough has made in this respect, I may mention that during the years 1901-8 inclusive, no less than 277 new dwellings were erected: and 23 houses were closed.

There is no doubt that the house accommodation of the Borough has been much improved during the past decade. Even so, (as mentioned last year) cottages at rentals labourers can afford to pay are still in request.

Should the "Housing and Town Planning Bill" now before the House of Commons "pass," as seems probable, it will impose serious liabilities upon Local Authorities, and owners of house property.

Sewerage.

It was not found necessary to lay any additional sewers during the year; but the question of obtaining a "loan," for laying a relief sewer through the Market Place to the out-fall works, is now before the Local Government Board. I mentioned last year, that Messrs. Berrington & Sons had prepared a scheme for thoroughly improving the sewage works, and that it was intended to carry this out without recourse to a loan. Since then, two Bacteria beds, fitted with a "Fiddian's Distributors," have been put down, and so far as one can judge at present, these will be effective. I understand it is proposed to erect two others in the near future.

I hope the time is not far distant when the four "contact filters" now in use, will be converted to "percolating filters;" as this can be done without great cost, and the latter system is the most effective yet known.

Water Supply.

The additional storage reservoir to hold 2,000,000 gallons, which I said in my last Report had been commenced, has since been finished. I am glad to learn that it is proposed to cover it as soon as possible.

Dairies, Cowsheds and Milkshops.

There are 16 Milk Sellers in the Borough; 14 of whom are "Purveyors," and 2 Dairymen. The Dairymen who supply the "Purveyors" keep their cows in the Evesham Rural District, and their Cowsheds are under the jurisdiction of the Evesham Rural District Council. One set of Cowsheds in the Borough is in good order, but the other is not; so the Sanitary Inspector is in communication with the owner's Agent in order to get it put into a good sanitary condition.

The Milk vessels and premises are frequently inspected ; and the Purveyors are always willing to protect their milk from contamination.

Slaughter-houses.

I am glad to report that the 4 Slaughter-houses in the Borough (three of which have been recently re-constructed) are in as good order, and as free from nuisance, as it is possible to make such places, when situated in populous localities. The suggestion made in my last Annual Report, that the Inspector should visit and report on each of these Slaughter-houses once a month has been adopted. The Inspector tells me that the bye-laws have been complied with, and that the Slaughter-houses have been very much better kept than formerly.

Two Butchers have Slaughter-houses outside the Borough, viz. : 1 at Aldington and 1 at Badsey.

Bake-houses.

There are now 15 Bake-houses in the Borough. One of these has defective ventilation, and 3 are badly lighted. I reported last year that 2 Bake-houses were badly lighted, and I regret to say that nothing has been done to improve them since then. Your Inspector assures me, that he will bring the details before you at your next meeting. Notices for lime-washing have been served in 7 cases.

Factories and Workshops.

There are 22 Factories and 130 Workshops under inspection. Some of these require lime-washing, and are being dealt with by the Public Health Committee. Sanitary improvements were made at 2 of the Workshops.

There are 5 Basketmakers, 11 Bootmakers, 9 Blacksmiths, 12 Brewers, 15 Bakers, 8 Carpenters, 4 Cyclemakers, 15 Dressmakers, 4 Fish fryers, 3 Sweet makers, 1 Ropemaker, 7 Plumbers, 4 Saddlers, 1 Stonemason, 6 Watchmakers, 1 Chutney maker, 1 Tripe boiler, and 12 Tailors in the Borough, all of whom come under the Workshops Act.

Outworkers.

The premises occupied by the 19 out-workers, have been inspected, and found satisfactory.

The Factory Inspector recently inquired how far the Standards laid down by the Sanitary Accommodation Order of the Home Secretary, 4th February, 1903, have been adopted in the Borough ; and I replied that the matter of providing separate sanitary convenience for the sexes has always received attention in this District, and in cases where it is considered necessary, the order has been enforced.

Common Lodging-houses.

There are now 3 Common Lodging-houses in the Borough, an additional 1 having been licensed during 1908. Your Inspector tells me that during the past year he has found nothing to complain of, and that the regulations have been carried out.

Public Health Acts Amendment Act, 1907.

The Local Government Board and the Home Office made orders in respect of this Act some time ago. The parts of it which are in force in the Borough are as under:—

Part 2.	(Streets and Buildings)	The whole Part.
Part 3.	(Sanitary Provisions)	The whole Part.
Part 4.	(Infectious Diseases)	The whole Part.
Part 5.	(Common Lodging Houses)	The whole Part.
Part 7.	(Police)	Sections 78, 79, 80, 81, and 86.
Part 8.	(Fire Brigade)	The whole Part.
Part 10.	(Miscellaneous)	Sections 92, 93, and 94.

I append the Report of your Sanitary Inspector (Mr. Harvey) who now also holds the office of Borough Surveyor, having been appointed as successor to the late Mr. Mawson on May 24th, 1908.

Your obedient servant,

G. H. FOSBROKE, D.P.H. Camb.,

SHIREHALL, WORCESTER,

County Medical Officer.

March, 1909.

Inspector's Report of the Sanitary Work completed in the year
ending 31st December, 1908.

Prevention of Infectious Disease under direction of Medical Officer of Health.	No. of cases enquired into - - - -	24
	No. of houses disinfected and cleansed - -	18
	No. of patients removed to Hospital - -	12
	Lots of bedding, clothing, etc., disinfected or destroyed - - - - -	16
	Cases of illegal exposure reported - -	—
Houses.	No. erected (if information obtainable) -	36
	No. made fit for habitation - - - -	18
	No. closed as unfit for habitation (closed to make room for new buildings) - - -	4
	No. cleansed and lime-washed - - - -	8
Overcrowding.	No. of cases abated - - - - -	2
House-drains.	No. laid or relaid - - - - -	69
	No. cleansed, trapped and ventilated - -	45
	No. of defective waste-pipes rectified - -	15
	No. of insanitary lavatories, sinks and urinals rectified - - - - -	10
	No. of dumb wells rectified - - - - -	2
Water Closets.	No. of additional W.C.'s provided - -	52
	No. repaired, ventilated and supplied with flush cisterns - - - - -	40
Privies and Ash-pits.	No. of additional privies and ashpits provided	—
	No. converted to W.C.'s or slop closets - -	2
	No. converted to pail closets - - - -	—
	No. repaired - - - - -	—
	No. abolished : - - - - -	—
Dust Receptacles (portable).	No. of new dust receptacles provided - -	—
Scavenging.	Total No. of houses from which refuse removable	1700
	Total No. of privies and ashpits cleansed -	—
	Total No. of portable receptacles cleansed -	4
	Total No. of loads of ashes and excrement removed - - - - -	—
	Total No. of loads of ashes and refuse removed	2012
Smoke Nuisances.	No. under observation - - - - -	1
	No. abated - - - - -	1
Offensive Trades	No. under observation - - - - -	1
	No. improperly conducted - - - - -	—
Water Supply.	No. of wells sunk - - - - -	—
	No. of wells cleansed and repaired - -	—
	No. of wells closed as polluted - - -	—
	No. of houses supplied from waterworks (during year) - - - - -	36
	No. of samples of water sent for analysis -	13
Slaughter Houses.	No. registered or licensed - - - - -	4
	No. regularly inspected - - - - -	4
	No. cleansed and repaired - - - - -	3

Factories and Workshops	No. under inspection - - - - -	126
	No. certified for lime-washing by Inspector -	—
	No. of insanitary conditions dealt with as Nuisances - - - - -	10
	No. employing "young persons," &c., reported to Medical Officer of Health - - -	—
Shop Hours' Act.	No. of shops under supervision - - -	—
	No. of contraventions of Act dealt with -	—
Dairies and Cowsheds.	No. of persons engaged in milk trade now on Register and under supervision - -	13
	No. of contraventions of Acts, Orders and Bye laws dealt with - - - -	—
	No. of infected milk supplies reported by Inspector - - - - -	—
Canal Boats.	No. of boats on Register - - - -	—
	No. of boats registered during year - -	—
	No. of certificates renewed - - - -	—
	No. of boats inspected (for registration or otherwise) - - - - -	—
	No. of contraventions of Acts and Regulations dealt with - - - - -	—
Lodging Houses.	No. on Register - - - - -	3
	No. regularly inspected - - - -	3
	No. cleansed and repaired - - - -	3
Food.	No. of seizures as unfit for consumption -	—
Food and Drugs' Act.	No. of samples taken for analysis - -	—
	No. of samples certified genuine - - -	—
	No. of samples certified adulterated - -	—
Animals kept so as to be a Nuisance.	No. of cases of removal on notice - - -	1
Accumulation of offensive refuse.	No. of removals - - - - -	12
Legal proceedings	No. taken - - - - -	—
	No. of convictions obtained - - - -	—
	No. of cases withdrawn or dismissed -	—
Clerical Work	No. of official letters written - - -	30
	No. of notices served - - - -	56
	No. of notices complied with - - - -	45
	No. of notices outstanding - - - -	11

Remarks :

Paving has been done in two Courts.

An extra Lodging House has been opened and registered.

Several new Streets have been numbered, and Port Street re-numbered.

Three Slaughter-houses have been re-built and much improved. Two butchers have their slaughter-houses outside the Borough.

Detailed reports have been made on the Elementary Schools, Dairies and Milk-shops, and upon the Factories and Workshops.

(Signed) H. S. HARVEY,

6th February, 1909.

Borough Surveyor and Sanitary Inspector.

To the Evesham Rural District Council.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present my 35th Annual Report which refers to the year 1908.

Copies will, as usual, be forwarded to the Local Government Board, Secretary of State, and the County Council.

Statistical data.

The following Tables I, III, IV and V, are given as required by the Local Government Board.

Table II is omitted, as it is not applicable to your District.

TABLE I.

YEAR.	Population estimated to the end of 1908.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate. *	Number.	Rate per 1,000 Births registered.	Number	Rate. *				Number.	Rate. *
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	7,142	198	27.7	20	101	110	15.4					
1899.	7,142	226	31.6	18	79	120	16.8					
1900.	7,142	222	31.0	17	76	108	15.1	22	7	2	103	14.4
1901.	7,584	229	30.1	23	100	113	14.9	24	7	2	108	14.2
1902.	7,584	201	26.5	14	69	87	11.4	7	5	7	89	11.7
1903.	7,584	195	25.7	16	82	100	13.1	18	9	6	97	12.7
1904.	7,584	214	28.2	9	42	96	12.6	23	6	6	96	12.6
1905.	7,584	208	27.4	13	62	101	13.3	24	11	9	99	13.0
1906.	7,820	204	26.0	8	39	126	16.1	26	15	6	117	14.9
1907.	7,820	211	26.9	17	80	120	15.3	29	16	5	109	13.9
Averages for years 1898-1907.	7,498	210	28.1	15	73	108	14.4	29	9	5	102	13.4
1908.	7,900	192	24.3	13	67	121	15.3	21	12	2	111	14.0

* Rates calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of illness, and dying there, and by the term "Residents" is meant persons who have been taken out of the district on account of illness, and have died elsewhere.

Table II. is omitted as it is not applicable to the District.

TABLE III.

Cases of Infectious Disease notified during the Year 1908.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							Total cases removed to Hospital.
	At all Ages.	At Ages—Years.						
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards	
Small-pox ..								
Cholera								
Diphtheria (includ- ing Membranous Croup)	20		4	11	2	3		20
Erysipelas ..	4							
Scarlet fever ..	6		1	3	2			5
Typhus fever ..								
Enteric fever ..								
Relapsing fever ..								
Continued fever ..								
Puerperal fever ..	2							
Plague								
Totals ..	32		5	14	4	3		25

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.
Small-pox							
Measles	1		1				
Scarlet Fever							
Whooping-cough	1		1				
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic Influenza	1						1
Cholera							
Plague							
Diarrhœa	1					1	
Enteritis	2	1					1
Puerperal fever	2					2	
Erysipelas							
Other septic diseases							
Phthisis	7			1	1	4	1
Other tubercular diseases	4	2			1	1	
Cancer, malignant disease	5					3	2
Bronchitis	8	3				2	3
Pneumonia	2					2	
Pleurisy							
Other diseases of Respiratory organs	1					1	
Alcoholism							
Cirrhosis of Liver }	1					1	
Venereal diseases							
Premature birth	3	3					
Diseases and accidents of parturition	1					1	
Heart diseases	23	1				9	13
Accidents	1						1
Suicides	2					2	
Senile decay	16						16
.....							
.....							
.....							
All other causes	29	3		1		10	15
All causes	111	13	2	2	2	39	53

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 month	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
ALL CAUSES	Certified..	2	1	1	2	6	1	1			2				2			12
	Uncertified			1		1												1
Common Infectious Diseases.	Small Pox ..																	
	Chicken Pox ...																	
	Measles																	
	Scarlet Fever ..																	
Diarrhoeal Diseases.	Diphtheria: including Membranous Croup																	
	Whooping Cough																	
	Diarrhoea, all forms																	
	Enteritis, Muco-enteritis, Gastro-enteritis							1										1
Wasting Diseases.	Gastritis, Gastro-intestinal Catarrh																	
	Premature Birth.			1	1	2	1											3
	Congenital defects	1				1												1
	Injury at Birth..																	
Tuberculous Diseases.	Want of Breast Milk, Starvation																	
	Atrophy, Debility, Marasmus	1				1												1
	Tuberculous Meningitis																	
	Tuberculous Peritonitis: Tabes Mesenterica									1								1
Other Causes.	Other Tuberculous Diseases									1								1
	Erysipelas																	
	Syphilis																	
	Rickets																	
	Meningitis (not Tuberculous)																	
	Convulsions ..				1	1												1
	Bronchitis ..		1			1									2			3
	Laryngitis ..																	
	Pneumonia ..																	
	Suffocation, overlying			1		1												1
Other Causes ..																		
		2	1	2	2	7	1	1			2				2			13

Table I. shows that 192 births were registered in 1908, and that the birth rate amounted to 24·3 per 1000 of the population; as compared with an average rate during the 10 years 1898—1907 of 28·1.

The birth rate of England and Wales in 1908 was 26·5 per 1000 of the population, which is 0·2 per 1000 above the rate in 1907. Compared with the average in the ten years 1898—1907 the birth rate in 1908 shows a decrease of 1·6 per 1000.

Table I. shows that the total number of deaths registered in your District in 1908 was 121 and that the death rate upon this basis amounted to 15·3. On the other hand the “nett death rate” (arrived at by excluding “deaths of non-residents registered in Public Institutions in the District,” and including “deaths of residents registered in Public Institutions beyond the District” who belonged to the Evesham Rural District) equalled 14·0.

Last year (Table I) there were 2 deaths of “residents registered in Public Institutions beyond the District” who belonged to your District, viz. : one in Worcester Infirmary, and one in a Birmingham Hospital. Of the twelve deaths of “non-residents” six occurred in the Workhouse and six belonged to the Borough.

The death rate in England and Wales in 1908 was 14·7 per 1000 which was 0·3 per 1000 below the rate in 1907 and lower than the rate in any other year on record; compared with the average rate in the ten years 1898—1907, the death rate in 1908 showed a decrease of 1·7 per 1000.

The “infantile mortality” of last year was only 67 per 1000 of the births registered; the standard of a healthy district being about 100. Details of the deaths are given in Table IV.

Table VI. shows that the local Zymotic death rates in the District, as compared with those of England and Wales, are favourable.

TABLE VI.

Rates per 1000 of Population.

	All causes.	Zymotic Diseases.	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhoea.	Deaths under 1 year per 1000 Births.
Evesham Rural District	14·0	0·3	0·0	0·13	0·0	0·0	0·13	0·0	0·13	67
England and Wales	14·7	1·29	0·0	0·22	0·08	0·15	0·27	0·07	0·5	121

Extent, distribution and causes of Notifiable disease.

Tables III and IV show that 32 notifications of disease were received during the year.

Smallpox.

No case was reported.

Measles.

Table IV shows that one death was due to measles. This occurred at South Littleton in January, 1908.

It became necessary to close the Hampton and Norton and Lenchwick Schools in January owing to the prevalence of this disease.

In order to save recapitulation and cost of printing I refer you to some remarks on outbreaks of this disease, given in the paragraph on "Measles" contained in the Report on the Borough of Evesham (page 7), which is issued in this pamphlet.

Scarlet Fever.

Table VII. shows the monthly incidence of Scarlet Fever.

TABLE VII.

Locality.	No. of cases in each month.	Total.	Dates of fatal cases.
Badsey	Jan. (2), Mar. (1),	3	
Rous Lench	Jan. (1), Feb. (1),	2	
Sedgeberrow	Apr. (1),	1	
	Jan. (3), Feb. (1), Mar. (1) Apr. (1),	6	

Five of these patients were removed to the Sanatorium, and one at Rous Lench was treated at home.

Three cases at Badsey occurred in one family; similarly the two others at Rous Lench appeared in one house.

Each attack was imported.

The usual precautions were taken, including disinfection of bedding, at your disinfectors.

Diphtheria.

Table VIII. shows the monthly incidence of Diphtheria.

TABLE VIII.

Locality.	No. of cases in each month.	Total.	Dates of fatal cases.
Badsey	July (1), Aug. (2), Dec. (1)	4	
Broadway	Feb. (1), Oct. (4), Nov. (3)	8	
Sedgeberrow	July (3), Sept. (3)	6	
Wickhamford	Dec. (2),	2	
	Feb. (1), July (4), Aug. (2) Sep. (3), Oct. (4), Nov. (3) Dec. (3),	20	

All these patients were removed to the Sanatorium.

The outbreak at Sedgeberrow was associated with a number of cases of "sore throat," and consequently the schools were closed on July 17th for four weeks.

The commencements of the Badsey, Broadway, and Wickhamford outbreaks were due to the disease being epidemic at Childswickham (Gloucestershire).

Fortunately all were mild. The disease was also spread by cases of "sore throat," which in reality were diphtheritic, and was not due to any local insanitary condition.

This association of diphtheria and "sore throat" is discussed somewhat at length in the paragraph on Diphtheria contained in the accompanying Annual Report on the Borough of Evesham (page 8). I commend the remarks made there to your consideration.

Typhoid Fever.

Again no case has been reported.

Puerperal Fever.

One of the deaths from Puerperal Fever (given in Table IV) occurred at Offenham on March 8th, and the other near Harvington on August 27th. I dealt with these cases under the Midwives Act, and suspended two midwives until their appliances were disinfected.

Tuberculosis.

Seven deaths were attributed to Phthisis during 1908, compared with 4 in 1907, 15 in 1906, 6 in 1905, 2 in 1904, and 6 in 1903.

The death rate last year was 0·8, and is the same as the corresponding average death rate of the County for 1898—1907.

Your Inspector offered to disinfect houses where consumptives died, and did so in three instances.

I ask you to consider my memorandum on Consumption given as an Appendix in this pamphlet.

Isolation Hospital Accommodation.

For the number of cases treated at your Isolation Hospital I refer you to page 13 of this report.

Schools.

The following schools were closed during the year :—

Schools.	Date.	Period.	Cause.
Hampton	Jan. 6	4 weeks	Measles
Offenham (Infants)	Jan. 6	4 „	Whooping Cough
Church Lench	Jan. 13	3 „	Whooping Cough
Norton and Lenchwick	Jan. 20	4 „	Measles
Sedgeberrow (All Depts.)	Feb. 24	2 „	Mumps
Cleeve Prior C.E.	Mar. 21	2 „	Chickenpox
Norton & Lenchwick C.E.	July 6	2 „	Mumps
Sedgeberrow C.E.	July 17	4 „	Diphtheria
Broadway C.E.	Oct. 14	2½ „	Diphtheria

I mentioned last year (page 8) that the Local Government Board had requested that future Annual Reports should refer to the Sanitation of the public elementary schools. Consequently during the year your Sanitary Inspector made a survey of the schools in the district. Below I give Mr. Holloway's reports:

Badsey County Council School.

“ *Drains.* Properly trapped and ventilated and connected to “modern sewer.”

“ *Closets.* Pails: 7 for 94 girls, 3 for 96 boys, and 2 for 80 infants. “Suitable w.c.'s are needed, and I understand have been ordered “by the County Council.

“ *Urinals.* Flushed by means of perforated pipe with tap inside “urinal. A proper flushing tank is desirable and is to be provided.

Bretforton County Council School.

“ *Drains.* Trapped and ventilated, connected to 9 in. sewer which “empties into brook-course at bottom of village.

“ *Closets.* Pails: 2 for 51 boys, 6 for 34 girls and 59 infants.

“ *Urinals.* Two urinals, 1 for boys and 1 for infants, flushed by “means of rain water.”

Broadway Church of England School.

“ *Drains.* Trapped and ventilated and connected to sewer.

“ *Closets.* “Trough closets” with separate pans. Four for 76 girls and 70 infants, 4 for 78 boys. These closets are flushed automatically from 50 gallon tank.

“ *Urinals.* One for boys and 1 for infants. These are indifferently flushed by rain water from roof.”

Church Lench Schools.

“ *Drainage.* Old drains empty into covered dumbwell which is rarely emptied. There is no ventilation to drains.

“ *Closet Accommodation.* Pail closets: 2 for 35 girls and 2 for 35 boys. Emptied weekly.

“ *Urinals.* One for boys over 5, satisfactory. One for infants very primitive, not drained and not screened from playground.

“ *Water Supply.* From deep well in yard 50 feet from house.

“ *Ashpit.* Very unsatisfactory.

“ Order to serve notice for defects given by the Rural District Council.”

Cleeve Prior Schools.

“ There are no drains.

“ *Closets.* Privies: 2 for 15 girls, 2 for 18 boys. These privies are badly constructed and connected with midden which is 18 inches below ground. Privies and midden only emptied twice a year.

“ Notice has been given as to this.

“ *Urinal* is very small and primitive, and discharges into ashpit.

“ Tap water is laid on the premises.”

Great and Little Hampton Church of England Schools.

“ *Closet Accommodation.* “Trough Latrine” closets, flushed with 50-gallon tank, are provided. Five closets for 65 girls and 60 infants, 4 closets for 71 boys.

“ *Urinal.* Indifferently flushed by down pipe from roof.

“ *Drains.* Good, trapped and ventilated and connected to sewer.”

Harvington Schools.

“ *Closets.* Good earth closets, recently constructed upon modern design.

“ *Drains.* Good, trapped and ventilated and connected to sewer.”

North, South and Middle Littletons School.

“ *Excrement Disposal.* Water closets connected to sewer. Distance from school 45 feet. Two closets for 80 boys, 3 for 75 girls.

Urinals. Divided urinals flushed from perforated pipe.

Drainage. Good, well ventilated and properly trapped drains, relaid about 4 years ago.

"The only defect found was that the urinal was dirty, and I wrote to Managers asking for a tap to be placed inside urinal for washing of floor. This work is promised to be done."

Norton Schools.

"The closets at this school have recently been converted to earth closets in accordance with design from the County Medical Officer.

"Drains have all been relaid and connected to dumbwell in field adjoining school premises."

Offenham Schools.

Excrement Disposal. Pail closets, 6 for 50 girls and 3 for 47 boys.

Urinal. Flushed indifferently by rain water from roof.

Drainage. Satisfactory, modern drains emptying into dumbwell.

Water. Obtained from a well "

Rous Lench Schools.

Drains. Satisfactory, properly trapped, etc.

Closet Accommodation. Pail closets, 1 for 12 boys and 1 for 12 girls.

Urinal. Good."

Ashpit. Is open and deep.

Sedgeberrow Church of England Schools.

Drains. Satisfactory, properly trapped, etc.

Closets. Pails, 2 for 22 boys and 2 for 23 girls.

Urinals. Two for boys and infants.

Housing of the Working Classes.

During the year 30 houses were erected, 16 were made fit for habitation, and 3 were closed as unfit to live in.

On reference to my last Annual Report it will be seen that I dealt with this housing question at considerable length, and referred to the fact that the President of the Local Government Board was about to bring in a "Housing and Town Planning Bill." This Bill is at the present time before the House of Commons, and if it becomes law (as it probably will) during this Session, it will have far-reaching effects. I also gave in that report the conclusions of the Special Committee of the County Council, who held the Inquiry

at Evesham on June 11th, 1907, and perhaps it might be advisable to repeat them now, viz. :

1. "There is a present shortage of cottages in all but one of the Parishes in the Evesham Rural District, and in that one it is anticipated there will soon be a shortage."
2. "This shortage arises from the fact that—
 - "(a) The children grow up, marry, and require houses.
 - "(b) That cottages are closed and pulled down under the Sanitary Acts.
 - "(c) That no cottages are built.
 - "(d) That in some of the Parishes local causes exist such as we have already enumerated which increase the shortage."
3. "That this shortage seems likely to increase."
4. "That from the evidence before us it appears that in this District the shortage has the following results :—
 - "(1) It drives the young people into the town, as they are unable to stay in the country for lack of houses.
 - "(2) It prevents the land being fully developed and cultivated in small farms or holdings, and compels the system of farm as against gardening to continue.
 - "(3) That if more cottages were provided the migration of the people from the country to the town would be to some extent stayed in the District."
5. "That if the population of this Rural District is to be maintained dwellings must be provided to enable it to be done."

As an outcome of this Inquiry, the Bretforton Parish Council made a representation to the Rural District Council that there was need for more houses in the parish. The District Council appointed a Committee to consider the matter, and they held an Inquiry at Bretforton on May 19th, 1908. I attended that Inquiry and gave evidence. Ultimately the Committee came to the conclusion that no case had been made out for rendering it either prudent or necessary for the Council to obtain or exercise their powers to provide houses; and consequently they recommended that, having regard to all the facts, no further action be taken in the matter, but that a copy of their report be sent to the Worcestershire County Council, the Bretforton Parish Council, and all parties concerned. Practically there was no overcrowding at Bretforton, and I agree that there was no necessity to carry through any housing scheme under the Housing of the Working Classes Act, 1890. Since that report was presented, no further action has been taken, especially as the Chairman of the Parish Council stated at the Inquiry "that the Villagers would rather object to a scheme which would cause all to be rated for the benefit of the few."

Pea Pickers.

This is a subject also very fully dealt with in my last Annual Report. A definite complaint having been made to the Local Government Board that the pea-pickers were a nuisance in the parish of Sedgeberrow, Dr. Farrar attended a meeting of the District Council and discussed the matter. The outcome of this was that a Conference of Pea Growers and members of the District Council was held at the Evesham Workhouse on the 17th February, 1909; but no practical conclusion was arrived at. That being so, I beg to repeat the statement in my last Report, to the following effect, namely :

“Having regard to the short duration of the pea harvest on any one farm it does not appear to be practicable to apply *in their entirety* in respect of pea-picking the Board’s “Model Byelaws”; but “I do think some regulations might be framed by which growers of “peas could be held responsible for mitigating the unquestionable “nuisance caused by pea-pickers.”

At one time pea growing was not such a regular business as it has now become, and I submit that those who grow peas should (even if they sell them to other persons, before picking commences) be held responsible for housing, say in barns, outhouses, or other ways, under suitable conditions, pea-pickers who now visit the same farms year after year.

Sewerage.

No sewerage works were carried out during the year, but a complete scheme for Bretforton has, by direction of the District Council, just been prepared by Messrs. Willcox and Raikes.

Negotiations are proceeding as to acquiring land for outfall works.

I caused a sample of the effluent from the Broadway Irrigation Farm and the Badsey Bacteria Beds, respectively, to be analysed in December last; when it was found that the Broadway effluent was not as good as it ought to be; but that the one at Badsey was quite up to the standard. The state of the Broadway effluent was probably due to the fact that the farm was not looked after as well as it ought to be by the tenant to whom it is let. Your Inspector is however endeavouring to rectify this.

Water Supply.

The Evesham Villages Water Scheme continues to be a boon to the localities it supplies.

The Sanitary Committee have lately instructed their Sanitary Inspector to take a number of samples from the wells in Offenham for analysis, as a few that have been analysed recently were contaminated.

Slaughter-houses.

There are 7 slaughter houses in the district; and each of them was systematically inspected during the year. One at Aldington was licensed in 1908, after the buildings were remodelled and made to comply with the bye-laws. Another one at Broadway was also reconstructed and made to comply with the bye-laws. All have been kept in good order during the year except one at Rous Lench; the owner of which has promised to make necessary alterations.

Dairies, Cowsheds and Milkshops.

There are 23 Dairymen in the district, as compared with 26 in 1907; all of whom are also "Purveyors." There is also one "Purveyor" who is not a Dairyman.

Each of the Cowsheds has been systematically inspected, and limewashed during the year. As it has been found that in four instances improved lighting and ventilation are required, your Inspector is dealing with these defects. With one exception the Cowsheds are little used, except for milking purposes, as the cows ordinarily "lie out."

I may remind you that the question of the milk supply, as associated with Tubercle, was discussed at considerable length in my last Annual Report.

The President of the Local Government Board has promised to lay a Milk Bill before Parliament this Session.

Bake-houses.

There are, as in 1907, 14 bake-houses in the district; and I am glad to report that these are kept in a cleanly state.

One at Broadway has lately been remodelled; and efforts are being made to get the excrement disposal of another one at Badsey re-arranged.

Factories and Workshops.

There are 119 Workshops in the district, including 4 Bootmakers, 2 Basketmakers, 13 Blacksmiths, 4 Brewers, 10 Carpenters, 2 Laundresses, 2 Tailors, 1 Saddler, 14 Bakehouses, 2 Dressmakers, 65 Glovers.

The occupiers of five of these had to be served with notices for lime-washing, 4 for improvements to drains and excrement disposal. With one exception, the whole of these notices have been complied with. Taking the Factories and Workshops as a whole, they are in a good sanitary condition.

Mr. Harvey, your late Sanitary Inspector, having been appointed Borough Surveyor for Evesham, Mr. E. Holloway (Cert. San. Inst.) was appointed to succeed him on 29th June, 1908.

In my capacity as County Medical Officer I had the opportunity of forming a favourable opinion of Mr. Holloway's capabilities and work during the 3½ years he acted as Assistant Sanitary Inspector for the Oldbury Urban District, prior to his appointment for your District. This "favourable opinion" has been increased since Mr. Holloway came into the Rural District, for I have found him to be thoroughly capable, zealous and tactful in the discharge of his duties.

I append his report.

Your obedient servant,

G. H. FOSBROKE, D.P.H. Camb.,

SHIREHALL, WORCESTER,

County Medical Officer.

March, 1909.

Inspector's Report of the Sanitary Work completed in the year
ending 31st December, 1908.

Prevention of Infectious Disease under direction of Medical Officer of Health.	No. of cases enquired into - - - -	29
	No. of houses disinfected and cleansed - -	25
	No. of patients removed to Hospital - -	25
	Lots of bedding, clothing, etc., disinfected or destroyed - - - - -	7
	Cases of illegal exposure reported - -	—
Houses.	No. erected (if information obtainable) -	30
	No. made fit for habitation - - - -	16
	No. closed as unfit for habitation - -	3
	No. cleansed and lime-washed - - - -	7
Overcrowding.	No. of cases abated - - - - -	6
House-drains.	No. laid or relaid - - - - -	54
	No. cleansed, trapped and ventilated - -	47
	No. of defective waste-pipes rectified - -	9
	No. of insanitary lavatories, sinks and urinals rectified - - - - -	3
	No. of dumb wells rectified - - - - -	8
Water Closets.	No. of additional W.C.'s provided - -	29
	No. repaired, ventilated and supplied with flush cisterns - - - - -	7
Privies and Ash-pits.	No. of additional privies and ashpits provided -	5
	No. converted to W.C.'s or slop closets - -	18
	No. converted to pail closets - - - -	7
	No. repaired - - - - -	22
Dust Receptacles (portable).	No. of new dust receptacles provided - -	—
Scavenging.	Total No. of houses from which refuse removable	—
	Total No. of privies and ashpits cleansed -	—
	Total No. of portable receptacles cleansed -	—
	Total No. of loads of ashes and excrement removed - - - - -	—
	Total No. of loads of ashes and refuse removed	—
Smoke Nuisances.	No. under observation - - - - -	—
	No. abated - - - - -	—
Offensive Trades	No. under observation - - - - -	—
	No. improperly conducted - - - - -	—
Water Supply.	No. of wells sunk - - - - -	4
	No. of wells cleansed and repaired - -	1
	No. of wells closed as polluted - - - -	2
	No. of houses supplied from waterworks (during year) - - - - -	37
	No. of samples of water sent for analysis -	4
Slaughter Houses.	No. registered or licensed - - - - -	7
	No. regularly inspected - - - - -	7
	No. cleansed and repaired - - - - -	7

Factories and Workshops	No. under inspection - - - - -	117
	No. certified for lime-washing by Inspector -	9
	No. of insanitary conditions dealt with as Nuisances - - - - -	15
	No. employing "young persons," &c., reported to Medical Officer of Health - - - - -	1
Shop Hours' Act.	No. of shops under supervision - - - - -	—
	No. of contraventions of Act dealt with -	—
Dairies and Cowsheds.	No. of persons engaged in milk trade now on Register and under supervision - -	25
	No. of contraventions of Acts, Orders and Bye laws dealt with - - - - -	16
	No. of infected milk supplies reported by Inspector - - - - -	—
Canal Boats.	No. of boats on Register - - - - -	—
	No. of boats registered during year - -	—
	No. of certificates renewed - - - - -	—
	No. of boats inspected (for registration or otherwise) - - - - -	—
	No. of contraventions of Acts and Regulations dealt with - - - - -	—
Lodging Houses.	No. on Register - - - - -	—
	No. regularly inspected - - - - -	—
	No. cleansed and repaired - - - - -	—
Food.	No. of seizures as unfit for consumption -	—
Food and Drugs' Act.	No. of samples taken for analysis - -	—
	No. of samples certified genuine - - -	—
	No. of samples certified adulterated - -	—
Animals kept so as to be a Nuisance.	No. of cases of removal on notice - - -	8
Accumulation of offensive refuse.	No. of removals - - - - -	12
Legal proceedings	No. taken - - - - -	—
	No. of convictions obtained - - - - -	—
	No. of cases withdrawn or dismissed -	—
Clerical Work	No. of official letters written - - - -	271
	No. of notices served - - - - -	126
	No. of notices complied with - - - - -	110
	No. of notices outstanding - - - - -	16

Remarks :

In accordance with instructions received from the Council, I have inspected all the Schools in the District and all sanitary defects found are being dealt with.

The Bye-laws for Slaughter-houses in force in the District are being enforced, one Slaughter-house having been reconstructed and another one is about to be altered.

(Signed) E. HOLLOWAY,

January 22nd, 1909.

Sanitary Inspector.

To the Pershore Rural District Council.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present my 17th Annual Report which refers to the year 1908.

Statistics.

Tabular statements of the Births and Deaths registered during the year, are issued in the following forms, as required by the Local Government Board.

TABLE I.

Year.	Population estimated to the end of 1908.	Births.		Deaths under one year of age.		Deaths at all ages. Total.		Deaths in Public Institutions.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond District.	Deaths at all ages. Net.	
		Number.	Rate. *	Number.	Rate per 1,000 Births registered.	Number	Rate. *				Number.	Rate. *
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	13,086	358	27.3	32	89	205	15.6				205	15.6
1899.	13,086	314	23.9	34	108	209	15.9				209	15.9
1900.	13,086	324	24.7	32	98	237	18.1				237	18.1
1901.	12,813	315	24.6	25	79	161	12.5				161	12.5
1902.	12,813	323	25.2	22	68	182	14.2			8	190	14.8
1903.	12,813	309	24.1	20	61	158	12.1	18	1	11	168	13.1
1904.	12,813	286	22.3	27	94	177	13.8	17	2	5	180	14.0
1905.	12,813	286	22.3	27	94	194	15.1	21	2	5	197	15.3
1906.	12,810	319	24.8	26	81	183	14.2	15	—	9	192	14.9
1907.	12,810	280	21.8	27	96	170	13.2	15	2	3	171	13.3
Averages for years 1898-1907.	12,894	311	24.1	27	86	187	14.4	17	1	6	191	14.7
1908.	12,800	303	23.6	30	99	197	15.3	18	—	10	207	16.1

* Rates calculated per 1,000 of estimated population.

NOTE—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of illness, and dying there, and by the term "Residents" is meant persons who have been taken out of the district on account of illness, and have died elsewhere.

Table II. is omitted as it is not applicable to the District.

TABLE III.

Cases of Infectious Disease notified during the Year 1908.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							Total cases removed to Hospital.
	At all Ages.	At Ages—Years.						
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards	
Small-pox ..								
Cholera								
Diphtheria (includ- ing Membranous Croup)	6		1	3	2			
Erysipelas ..	2							
Scarlet fever ..	46		6	32	6	2		46
Typhus fever ..								
Enteric fever ..	1					1		1*
Relapsing fever ..								
Continued fever ..								
Puerperal fever ..	2				1	1		
Plague								
Totals ..	57		7	35	9	4		47

* At Pershore Cottage Hospital.

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.
Small-pox							
Measles	5	1	4				
Scarlet Fever							
Whooping cough	3		3				
Diphtheria and membranous croup							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic Influenza	1					1	
Cholera							
Plague							
Diarrhoea	1	1					
Enteritis	6	1	4				1
Puerperal fever							
Erysipelas							
Other septic diseases							
Phthisis	17				3	13	1
Other tubercular diseases	5		1	2	1		1
Cancer, malignant disease	14					6	8
Bronchitis	12	1				4	7
Pneumonia	7	3				1	3
Pleurisy							
Other diseases of Respiratory organs	6				1	4	1
Alcoholism							
Cirrhosis of Liver }	3					2	1
Venereal diseases							
Premature birth	4	4					
Diseases and accidents of parturition	9					5	4
Heart diseases	26			2		7	17
Accidents	2					2	
Suicides							
Senile decay	20						20
.....							
.....							
.....							
All other causes	66	20	4		1	19	22
All causes	207	31	16	4	6	64	86

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
ALL CAUSES	Certified.. Uncertified																	
Common Infectious Diseases.	Small Pox ..																	
	Chicken Pox ...																	
	Measles															1		1
	Scarlet Fever ..																	
	Diphtheria: including Membranous Croup																	
Diarrhoeal Diseases.	Whooping Cough																	
	Diarrhoea, all forms						1											1
	Enteritis, Muco-enteritis, Gastro-enteritis			1		1												1
Wasting Diseases.	Gastritis, Gastro-intestinal Catarrh																	
	Premature Birth.	1	1			2												2
	Congenital defects																	
Tuberculous Diseases.	Injury at Birth..																	
	Want of Breast Milk, Starvation																	
	Atrophy, Debility, Marasmus	6	2	1	1	10	2	2	2									16
Other Causes.	Tuberculous Meningitis																	
	Tuberculous Peritonitis: Tabes Mesenterica																	
	Other Tuberculous Diseases																	
Other Causes.	Erysipelas ..																	
	Syphilis ..																	
	Rickets ..																	
	Meningitis (not Tuberculous)																	
	Convulsions ..						1		1	1								3
	Bronchitis ..									1								1
	Laryngitis ..																	
	Pneumonia ..		1			1					1							2
	Suffocation, overlying	1				1												1
	Other Causes ..	1				1						1						2
		9	4	2	1	16	4	2	3	2	1	1				1		30

These Tables show that 303 births were registered in 1908, and that the birth rate amounted to 23·6 per 1000 of the population; as compared with an average rate during the 10 years 1898—1907 of 24·1.

The birth rate in England and Wales in 1908 was 26·5 per 1000 of the population, which is 0·2 per 1000 above the rate in 1907; compared with the average in the ten years 1898—1907 the birth rate in 1908 shows a decrease of 1·6 per 1000.

Table I. shows that the total number of deaths registered in your District in 1908 was 197, and that the death rate upon this basis amounted to 15·3. On the other hand the “nett death rate” (arrived at, as I have explained in former Reports, by excluding “deaths of non-residents registered in Public Institutions in the District,” and including “deaths of residents registered in Public Institutions beyond the District” who belonged to your District) equalled 16·1.

There were 10 deaths of “residents registered in Public Institutions beyond the District” who belonged to Pershore, viz. : Worcester Infirmary 4, Powick Asylum 3, Birmingham General Hospital 1, Gloucester Workhouse 1, Evesham Cottage Hospital 1.

The death rate in England and Wales in 1908 was 14·7 per 1000 which was 0·3 per 1000 below the rate in 1907 and lower than the rate in any other year on record; compared with the average rate in the ten years 1898—1907, the death rate in 1908 showed a decrease of 1·7 per 1000.

The “infantile mortality” (99 per 1000 of the births) was low.

Table VI. shows the local Zymotic death rates as compared with those of England and Wales.

TABLE VI.
Rates per 1000 of Population.

	All causes.	Zymotic Diseases.	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Deaths under 1 year per 1000 Births.
Pershore Rural District	16.1	0.7	0.0	0.3	0.0	0.0	0.2	0.0	0.08	99
England and Wales	14.7	1.29	0.0	0.22	0.08	0.15	0.27	0.07	0.50	121

Extent, distribution and causes of Notifiable disease.

Smallpox.

No case has been reported in the District since 1902.

Measles.

On reference to Table IV. it will be seen that 5 deaths from Measles were registered during the year. These occurred as under :

- 1 at Cropthorne on 7th February, 1908.
- 2 „ Pershore „ 25th and 29th March, 1908.
- 2 „ „ „ 1st and 7th April, 1908.

The disorder was prevalent in Bishampton, Cropthorne, Charlton, Wyre, Pershore, Eckington, Fladbury, and necessitated closure of the local schools. The dates of closure are given in a subsequent paragraph on “Schools” (p. 48).

I wish to call your attention to some general remarks with regard to Measles given on page 7. I do not repeat them here in order to save cost of printing, this report being published at the joint cost of the Authorities to whom it is addressed.

Scarlet Fever.

Table VII. shows the monthly incidence of Scarlet Fever.

TABLE VII.

Locality.	No. of cases in each month.	Total.	Dates of fatal cases.
Eckington	Jan. (1), Mar. (1), Apr. (2), May (1), June (5), July (3), Sep. (1), Oct. (1), Nov. (2), Dec. (2)	19	
Grafton Flyford	Feb. (2)	2	
Great Comberton	Sep. (1)	1	
Hill Furze	May (2) Aug. (4), Sep. (2), Nov. (1)	9	
Holy Cross	Aug. (1) [Cadicroft]	1	
High Street	Jan. (1)	1	
Lower Moor	Oct. (1)	1	
Littleworth, Norton	July (6), Aug. (3), Oct. (1)	10	
Peopleton	Jan. (1)	1	
White Ladies Aston	Oct. (1)	1	
	Jan. (3), Feb. (2), Mar. (1), Apr. (2), May (3), June (5), July (9), Aug. (8), Sep. (4), Oct. (4), Nov. (3), Dec. (2),	46	

Forty-six cases were reported last year, as compared with 27 in 1907, and all were treated at your Isolation Hospital.

The 19 cases notified in Eckington parish occurred in 15 households, and were spread over ten months of the year.

Apparently the disease was imported 5 times; but I am of opinion that mild cases—so mild in fact as to escape recognition—tended to spread the disease. Three children in a “peeling stage” were met with.

Scarlet Fever has become such a mild disease during recent years, that its eradication from a district in which it has obtained a footing, is frequently a matter of the greatest difficulty.

The cases in Great Comberton parish, Hill, Cadicroft, Pershore, Lower Moor, Peopleton, White Ladies Aston, and the first case at Norton, were imported.

One of the Norton patients escaped from your Hospital, but was brought back by a compulsory order of the Magistrates; and he was subsequently fined for exposing himself in an infectious state.

There was evidence that Scarlet Fever arose on 3 occasions immediately after the discharge of a patient from the Hospital. Such secondary outbreaks are known as “return cases.”

It does not at all follow that any person is blamable for these “return cases.” From a strict enquiry made in London some time back as to the discharge of 15,000 patients from Isolation Hospitals, it was ascertained that the average number of “return cases” was about 4 per cent. It was found that patients with nasal or ear discharges whilst in Hospital, were liable to be infectious after returning home, and more especially if the discharge came on afterwards, as is by no means uncommon. Indeed the principal cause of the occurrence of “return cases” is the persistence and recurrence of such discharges.

It is now generally agreed that late “peeling” cannot be regarded as evidence of infection. Finally that it is impossible under the present condition of Hospital treatment to avoid the occurrence of “return cases.”

The best known methods of preventing “return cases” are

- (a) That *as far as practicable* every patient should as soon as he is in a fit condition, be transferred from the acute to the convalescent wards.
- (b) That a discharge ward be established at each Hospital, into which the patient could be admitted, and bathed not later than the day before discharge.
- (c) That harm has resulted from the abrupt transition to home conditions undergone by the patients immediately on discharge; consequently every endeavour should be made to prepare patients for their discharge, especially by providing facilities for their being in the open air.

(d) That notices be sent to parents and others—as is done at Pershore—that it is advisable as an additional precaution the patients should be kept away from other children, including school attendance for the first four weeks after their return home.

I mention these *ideals* not that I think they are practicable at a small Hospital like yours, but because I know there is a too common erroneous idea, that because a “return case” happens, there must be neglect at the Hospital.

Furthermore the public do not at present realize, that it is impossible with our present medical knowledge to say with absolute certainty, when the infection of Scarlet Fever ceases. Nor do I suppose this will be possible until the microbe of Scarlet Fever has been definitely isolated, which is not the case at present.

Diphtheria.

Table VIII. shows the monthly incidence of Diphtheria.

TABLE VIII.

Locality.	No. of cases in each month.	Total.	Dates of fatal cases.
Bricklehampton	Jan. (2), Feb. (1)	3	
Eckington	Oct. (1)	1	
Elmley Castle	Feb. (1)	1	
Lower Strensham	Jan (1) and Whooping Cough	1	
	Jan. (3), Feb. (2), Oct. (1)	6	

None of these outbreaks need comment, other than is given at page 10, where the causation and method of Diphtheria is discussed at some length.

This disease is so infectious that effective isolation is of prime importance: so I am glad that you have decided to build a Diphtheria block at your Isolation Hospital, as hitherto it has not been possible to remove patients who have this disease to that Institution.

Typhoid Fever.

Table IX. shows the monthly incidence of Typhoid Fever.

TABLE IX.

Locality.	No. of cases in each month.	Total.	Dates of fatal cases.
Defford	July (1)	1	

This case was a severe one, and was removed to the Pershore Cottage Hospital for treatment.

The well-water in use was found on analysis to be polluted, so the closets were reconstructed, new drains laid, and the well was cleansed.

A further analysis, made after this work was carried out, again condemned it, so your Inspector is communicating with the Owner of the property.

Tuberculosis.

Seventeen deaths were due to Phthisis, as compared with 13 in 1907.

Your Inspector offered to disinfect houses in each case, but only succeeded in doing so in 6 instances.

I ask you to consider my memorandum on Consumption, given as an Appendix to this Report.

Isolation Hospital Accommodation.

Forty-six cases of Scarlet Fever were treated at your Hospital during the year. I mentioned last year that it had been decided to erect a block for Diphtheria : this block however has not yet been commenced.

I repeat what I said last year, that "I hope when the time is opportune that the hospital scheme originally approved by the Council may be completed by the erection of a "steam disinfectors."

Schools.

The following Schools were closed on account of outbreaks of disease.

Schools.	Date.	Period.	Cause.
Bricklehampton	Jan. 10	2 weeks	Diphtheria
Bishampton	Jan. 20	4 „	Measles
Crothorne	Jan. 20	5 „	Measles
Elmley Castle	Feb. 7	4 „	Whooping Cough
Charlton	Feb. 17	3 „	Measles
Wyre	Mar. 9	9 „	Measles and Whooping Cough
Pershore (Infant)	Mar. 17	3 „	Measles
Eckington	Mar. 16	2 „	Scarlet Fever
Pershore U.E. (all depts)	Mar. 19	5 „	Measles
Pinvin	Apr. 6	4 „	Whooping Cough
Bishampton	Apr. 7	4 „	Whooping Cough
Wyre	May 9	2 „	Measles
		(extended closures)	
Eckington	May 26	4½ „	Whooping Cough and Measles
Wyre	June 24	1½ „	Measles
Fladbury, C. E.	July 22	3½ „	Measles
Norton-juxta-Kempsey	Aug. 24	1 „	Scarlet Fever

I mentioned in my last Annual Report that the Local Government Board now requires a report on the sanitary state of the Elementary Schools in the District. Consequently I suggested that such a survey should be made. The following is Mr. Moulson's report:—

Bishampton.

“ Deep ashpit, roofed over, wet in the bottom. Urinal with gravel
“ bottom empties into ashpit. These should be converted into pail
“ closets, urinal made impervious in the bottom and properly drained.

Birlingham.

“ Four closets emptying into deep midden pit, has a large quantity
“ of liquid in the bottom; only about 3 yards from the school.
“ The midden is roofed over and sides and back boarded in. The
“ urinal empties into the midden, and is not kept very clean. The
“ closets should be whitewashed, and made into pail closets and the
“ urinal properly drained. Mrs. Smith complains of the smell in
“ the summer, which must be a nuisance.

Bredicot.

“ Privies full to seats (both girls' and boys'). Two urinals in a filthy
“ state. These should be converted to pails, and the urinals kept
“ much cleaner.

Bricklehampton.

“ Two girls', 2 boys' closets with ashpits below ground, covered with
“ flat stones and two 4-inch ventilation pipes out of ashpits. Rain
“ water from roofs runs into ashpit. Privies only 2 yards away from
“ school, and smell very bad in the summer. Privies should be con-
“ verted to pail closets.

Charlton.

“ Four closets with deep pits underground, covered with flag stones
“ and ventilated with two 4-inch pipes. Urinals clean. Not suffi-
“ cient ventilation to privies.

Great Comberton.

“ Four closets, shallow ashpit. Urinal clean and empties into ash-
“ pit. Clean and in good order.

Little Comberton.

“ Four closets, pails. Urinal clean, but cannot see whether trapped
“ or not, otherwise in good order.

Croptorne.

“ Five closets, pails, and in good order. Urinal clean, and drains
“ into garden behind.

Defford.

“ Six closets with deep ashpit roofed over, requires emptying. Urinal
“ not kept clean, empties into gully in garden.

Eckington.

“ Shallow ashpit roofed over, and in good order. Urinal clean.

Elmley Castle.

“ Four closets with deep ashpit 9 yards from school, and requires
“ emptying. Urinal very dirty, and drain blocked.

Fladbury.

"Two boys' closets with shallow ashpits roofed over. Urinal in a filthy state, the floor falling the wrong way and gully blocked, and not cleaned down at short periods. Five latrines for girls, but these are not properly flushed, caused by pump working very hard.

Flyford Flavel.

"Four closets with deep ashpit roofed over, wet in the bottom and drains out to cesspool. Urinal clean and empties into a trapped gully.

Grafton Flyford.

"Five closets, long shallow ashpit roofed over. In good order and clean. Urinal clean. Satisfactory.

Pershore (Infants.)

"Water closets and in good order.

Pershore (Church of Eng'and) School.

"Shallow ashpits in good order. Urinal clean.

Drakes Broughton.

"Five closets, shallow ashpit roofed over. Urinal clean. Satisfactory.

Norton.

"Six closets with shallow ashpits and in good order. Urinal not kept clean.

Peopleton.

"Six closets with shallow ashpits roofed over. Urinal and rain water empties into ashpit and makes it wet, otherwise satisfactory.

Pinvin.

"Six closets with 2 wood boxes under the seat, which leak very badly. Urinal to trapped gully, not kept clean. Ash hoppers to closets all full of rubbish and not now used. Should be altered to pail closets, or shallow pits.

Pirton.

"Closets with shallow ashpits roofed over, clean, and in good order, four yards from school. Complaint of smell in summer. Urinal and gully very foul.

Spetchley.

"Four closets, ashpits below ground covered with wood lid and emptied every week. Urinal clean. All satisfactory.

Stoulton.

"Four closets with ashpits below the ground, and rain-water from the roof runs in, and smells very bad. These should be converted to pail closets. Urinal not kept clean, and drain blocked. Alterations about to be made.

Strensham.

" Four closets which empty into cesspool in. Mr. Holland's garden.
 " Smell very bad. Should be converted into pail closets. Urinal
 " fairly clean.

Throckmorton.

" Three closets emptying into shallow ashpit roofed over, and quite
 " dry. Urinal emptying into ashpit. Wall side of urinal giving way
 " and floor hollow, otherwise satisfactory.

Upton Snodsbury.

" Deep ashpits to both privies, roofed over, in good order and clean.
 " Urinal might be kept much cleaner.

Whittington.

" Five pail closets, clean and in good order. Urinal clean.

Wick.

" Two pail closets for girls, under school roof and clean. Boys' closets
 " with shallow ashpit roofed over, dry, and in good order. Urinal
 " not very clean.

Wyre Piddle.

" Five closets with shallow ashpit roofed over, and in good order.
 " Urinal dirty and smells very bad.

F. W. MOULSON,
 Pershore.

House Accommodation.

With my last Annual Report I submitted a special Report prepared by your Sanitary Inspector on the Housing Accommodation of the District, from which it appeared that "there are sufficient cottages for the needs of most of the parishes. Only in two parishes, Pinvin and Norton-juxta-Kempsey (was) there a need of cottages."

Mr. Moulson's report has an important bearing upon the housing question, as it is probable that the "Housing and Town Planning Bill" now before Parliament (which imposes increased responsibilities upon Sanitary Authorities and Owners of dwellings) will become law in the very near future.

During 1908 seventeen houses in your District were erected, two were made fit to live in, three were closed as unfit for habitation, and six were cleansed and repaired.

Eight cases of "overcrowding" were abated.

Sewerage.

The sewerage of Pershore is for all practical purposes in the same defective state, as described in previous reports. This is in con-

sequence of the sewerage scheme, prepared some time back, having to remain in abeyance until some decision is come to with regard to the water supply of the District.

Pinvin. Unavoidable delay has occurred in carrying out the much needed drainage of this village. I understand however that a contract for the work has been accepted, and that it will be proceeded with at once.

Eckington. The sewage outfall tank at Eckington has been improved. The effluent passes into a ditch water course.

Scavenging.

The town of Pershore is "scavenged" by your men, under the supervision of the Parochial Committee and your Sanitary Inspector. The other parts of the District are so essentially rural that public scavenging seems uncalled for.

Water Supply.

By direction of the County Council, the County Analyst and I, with the help of your Sanitary Inspector, have for some time past been making enquiries as to certain villages in the District which you have named, and have taken a large number of samples of the well waters. As we are now preparing a report on the subject, and the County Council are to hold a Local Inquiry very shortly, I make no reference to the question.

Dairies and Cowsheds.

I very fully discussed the subject of milk supplies, and the management of dairies and cowsheds, in my last Annual Report, and alluded to the legislation that was imminent.

The President of the Local Government Board mentioned the question in the House of Commons very recently, and held up—but did not unfold—a "Milk Bill," which he said he intended to do his best "to pass" this Session.

There are now 38 dairymen and purveyors of milk in your District, and their premises have been inspected from time to time. Ten dairymen have been dealt with for contravention of the bye-laws, and your Inspector says "all dairies have been kept much cleaner than formerly."

By direction of the County Council I last year prepared a "Design of a model Cowshed," and so many applications have been received for prints of it, from persons outside the County, that it was "copyrighted."

Any rate payer in the County, who applies to me for a print of this design, can be supplied *gratis*.

I may mention that my practical experience of cowkeeping, which has now extended over many years, materially assisted in formulating the plan.

Slaughter-houses.

There are 15 "registered" slaughter-houses in the District. None have been "licensed," as those in use have been in existence for very many years.

Eight of them did not conform to the byelaws, as their walls were not impervious. The regulations, however, have now been complied with, except in one instance.

Common Lodging-houses.

There are only two Common Lodging houses in the District, and both are in the town of Pershore.

The condition of these during the past year has been satisfactory.

Factories and Workshops.

There are 53 "Workshops" and 36 of these are Bakehouses. Seventeen of the latter were required to be limewashed.

The insanitary state of 4 workshops has been dealt with.

Hop-picking.

Now that byelaws for hop pickers are in force, copies of them have been sent to the occupiers of the 4 hop-yards which are in existence, and your Inspector has been instructed to see that these regulations are carried out.

Public Health Acts Amendment Act, 1907.

Application was made to the Local Government Board to adopt certain Sections of this Act, and your Clerk informs me that the Board have agreed to the following Sections being adopted, viz.: 15, 16, 22, 23, 25, 30, and 33 of Part II of the Act; Parts III, IV, and V with the exception of Sections 39 to 42, 47, 48, 51, and 68. Sections 39 to 42; 47, 51, 68, and 48, were included by the Council but were not allowed by the Local Government Board.

I append your Sanitary Inspector's Annual Report.

Your obedient servant,

G. H. FOSBROKE, D.P.H. Camb.,

SHIREHALL, WORCESTER,

County Medical Officer.

March, 1909.

Inspector's Report of the Sanitary Work completed in the year
ending 31st December, 1908.

Prevention of Infectious Disease under direction of Medical Officer of Health.	No. of cases enquired into - - - -	58
	No. of houses disinfected and cleansed - -	65
	No. of patients removed to Hospital - -	46
	Lots of bedding, clothing, etc., disinfected or destroyed - - - - -	4
	Cases of illegal exposure reported - -	—
Houses.	No. erected (if information obtainable) -	17
	No. made fit for habitation - - - -	2
	No. closed as unfit for habitation - -	3
	No. cleansed and lime-washed - - - -	6
Overcrowding.	No. of cases abated - - - - -	8
House-drains.	No. laid or relaid - - - - -	14
	No. cleansed, trapped and ventilated - -	16
	No. of defective waste-pipes rectified - -	2
	No. of insanitary lavatories, sinks and urinals rectified - - - - -	—
	No. of dumb wells rectified - - - - -	1
Water Closets.	No. of additional W.C.'s provided - -	—
	No. repaired, ventilated and supplied with flush cisterns - - - - -	2
Privies and Ash-pits.	No. of additional privies and ashpits provided -	1
	No. converted to W.C.'s or slop closets - -	2
	No. converted to pail closets - - - -	16
	No. repaired - - - - -	8
Dust Receptacles (portable).	No. of new dust receptacles provided - -	8
Scavenging.	Total No. of houses from which refuse removable	—
	Total No. of privies and ashpits cleansed -	—
	Total No. of portable receptacles cleansed -	12
	Total No. of loads of ashes and excrement removed - - - - -	—
	Total No. of loads of ashes and refuse removed	—
Smoke Nuisances.	No. under observation - - - - -	—
	No. abated - - - - -	—
Offensive Trades	No. under observation - - - - -	—
	No. improperly conducted - - - - -	—
Water Supply.	No. of wells sunk - - - - -	10
	No. of wells cleansed and repaired - -	6
	No. of wells closed as polluted - - - -	—
	No. of houses supplied from waterworks (during year) - - - - -	—
	No. of samples of water sent for analysis -	24
Slaughter Houses.	No. registered or licensed - - - - -	15
	No. regularly inspected - - - - -	15
	No. cleansed and repaired - - - - -	10

Factories and Workshops	No. under inspection - - - - -	53
	No. certified for lime-washing by Inspector -	17
	No. of insanitary conditions dealt with as Nuisances - - - - -	4
	No. employing "young persons," &c., reported to Medical Officer of Health - - -	—
Shop Hours Act.	No. of shops under supervision - - -	—
	No. of contraventions of Act dealt with -	—
Dairies and Cowsheds.	No. of persons engaged in milk trade now on Register and under supervision - -	38
	No. of contraventions of Acts, Orders and Bye laws dealt with - - - - -	10
	No. of infected milk supplies reported by Inspector - - - - -	—
Canal Boats.	No. of boats on Register - - - - -	2
	No. of boats registered during year - -	—
	No. of certificates renewed - - - - -	—
	No. of boats inspected (for registration or otherwise) - - - - -	2
	No. of contraventions of Acts and Regulations dealt with - - - - -	—
Lodging Houses.	No. on Register - - - - -	2
	No. regularly inspected - - - - -	2
	No. cleansed and repaired - - - - -	2
Food.	No. of seizures as unfit for consumption -	—
Food and Drugs' Act.	No. of samples taken for analysis - -	—
	No. of samples certified genuine - - -	—
	No. of samples certified adulterated - -	—
Animals kept so as to be a Nuisance.	No. of cases of removal on notice - - -	3
Accumulation of offensive refuse.	No. of removals - - - - -	11
Legal proceedings	No. taken - - - - -	1
	No. of convictions obtained - - - - -	1
	No. of cases withdrawn or dismissed -	—
Clerical Work	No. of official letters written - - -	328
	No. of notices served - - - - -	130
	No. of notices complied with - - - -	127
	No. of notices outstanding - - - - -	3

Remarks :

The Water Supply Tank has been cleaned out at Bishampton, and a lead pump erected instead of being used as a dip well.

The Sewage Tank at the Eckington outfall has been improved.

The Sewer in Little Lane, Pershore, was relaid with socket pipes.

The Sewer across High Street, near Head Street, was relaid with socket pipes.

(Signed) F. W. MOULSON,

27th March, 1909.

Sanitary Inspector.

To the Feckenham Rural District Council.

MR. CHAIRMAN AND GENTLEMEN,

I have the honour to present my 35th Annual Report which refers to the year 1908.

Copies will, as usual, be forwarded to the Local Government Board, Secretary of State, and the County Council.

Statistical data.

The following Tables, I, III, IV, and V, are given as required by the Local Government Board.

TABLE I.

YEAR.	Population estimated to the end of 1908.	BIRTHS.		DEATHS UNDER ONE YEAR OF AGE.		DEATHS AT ALL AGES. TOTAL.		DEATHS IN PUBLIC INSTITUTIONS.	Deaths of Non-Residents registered in Public Institutions in the District.	Deaths of Residents registered in Public Institutions beyond District.	DEATHS AT ALL AGES. NET.	
		Number.	Rate. *	Number.	Rate per 1,000 Births registered.	Number.	Rate. *				Number.	Rate. *
1	2	3	4	5	6	7	8	9	10	11	12	13
1898.	5,744	130	22.6	10	76	69	12.0			5	95	16.5
1899.	5,744	153	26.6	17	111	67	11.6			5	74	13.3
1900.	5,744	129	22.4	16	124	90	15.6			4	60	10.8
1901.	5,532	131	24.4	14	106	69	12.4			7	70	12.6
1902.	5,532	107	19.3	12	102	56	10.1			10	79	13.0
1903.	5,532	108	19.5	9	83	63	11.3			6	87	15.7
1904.	5,532	141	25.4	13	92	62	11.2			9	77	13.9
1905.	5,532	126	22.7	15	119	81	14.6			10	64	11.6
1906.	5,532	136	24.5	11	80	68	12.2					
1907.	5,500	145	26.3	10	68	54	9.8					
Averages for years 1898-1907.	5,592	130	23.3	12	96	67	12.0			7	75	13.4
1908.	5,500	123	22.3	7	56	72	13.0			5	77	14.0

* Rates calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in Column 7, corrected by subtraction of the number in Column 10 and the addition of the number in Column 11.

By the term "Non-residents" is meant persons brought into the district on account of illness, and dying there, and by the term "Residents" is meant persons who have been taken out of the district on account of illness, and have died elsewhere.

Table II. is omitted as it is not applicable to the District.

TABLE III.

Cases of Infectious Disease notified during the Year 1908.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.							Total cases removed to Hospital.
	At all Ages.	At Ages—Years.						
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 65.	65 and upwards	
Small-pox ..								
Cholera								
Diphtheria (includ- ing Membranous Croup)								
Erysipelas ..	2							
Scarlet fever ..	3			3				2
Typhus fever ..								
Enteric fever ..								
Relapsing fever ..								
Continued fever ..								
Puerperal fever ..								
Plague								
Totals ..	5			3				2

TABLE IV.

Causes of, and ages at, Death during Year 1908.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.						
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and up-wards.
Small-pox							
Measles							
Scarlet Fever							
Whooping-cough							
Diphtheria and mem- branous croup							
Croup							
Fever { Typhus							
{ Enteric							
{ Other continued							
Epidemic Influenza	3		2			1	
Cholera							
Plague							
Diarrhœa							
Enteritis	2	2					
Puerperal fever							
Erysipelas							
Other septic diseases..							
Phthisis	8					8	
Other tubercular di- seases	2			1		1	
Cancer, malignant di- sease	3				1	1	1
Bronchitis	10	2	2				6
Pneumonia	2	1				1	
Pleurisy							
Other diseases of Res- piratory organs	2			1			1
Alcoholism							
Cirrhosis of Liver }							
Venereal diseases							
Premature birth	1	1					
Diseases and accidents of parturition							
Heart diseases	10					6	4
Accidents	1		1				
Suicides	2					1	1
Senile decay	22						22
.....							
.....							
.....							
All other causes	9	1	1		1	3	3
All causes	77	7	6	2	2	22	38

TABLE V.

INFANTILE MORTALITY DURING THE YEAR 1908.

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.		Under 1 Week	1-2 Weeks.	2-3 Weeks.	3-4 Weeks	Total under 1 Month	1-2 Months	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under One Year.
ALL CAUSES	Certified.. Uncertified																	
Common Infections Diseases.	Small Pox ..																	
	Chicken Pox ...																	
	Measles																	
	Scarlet Fever ..																	
	Diphtheria: including Membranous Croup																	
	Whooping Cough																	
Diarrhoeal Diseases.	Diarrhoea, all forms																	
	Enteritis, Muco-enteritis, Gastro-enteritis						1				1							2
	Gastritis, Gastro-intestinal Catarrh																	
Wasting Diseases.	Premature Birth.	1				1												1
	Congenital defects																	
	Injury at Birth..																	
	Want of Breast Milk, Starvation																	
	Atrophy, Debility, Marasmus	1				1												1
Tuberculous Diseases.	Tuberculous Meningitis																	
	Tuberculous Peritonitis:																	
	Tabes Mesenterica																	
	Other Tuberculous Diseases																	
Other Causes.	Erysipelas																	
	Syphilis																	
	Rickets																	
	Meningitis (not Tuberculous)																	
	Convulsions ..																	
	Bronchitis ..						1	1										2
	Laryngitis ..																	
	Pneumonia ..												1					1
	Suffocation, overlying																	
	Other Causes ..																	
		2				2	1	1	1		1		1					7

Table I shows that 123 births were registered in 1908, and that the birth rate amounted to 22·3 per 1000 of the population; as compared with an average rate during the 10 years 1898—1907 of 23·3.

The birth rate in England and Wales in 1908 was 26·5 per 1000 of the population, which is 0·2 per 1000 above the rate in 1907; compared with the average in the ten years 1898—1907 the birth rate in 1908 shows a decrease of 1·6 per 1000.

Table I. shows that the total number of deaths registered in your District in 1908 was 72, and that the death rate upon this basis amounted to 13·0. On the other hand the “nett death rate,” arrived at by excluding “deaths of non-residents registered in Public Institutions in the District,” and including “deaths of residents registered in Public Institutions beyond the District” who belonged to your District, equalled 14·0.

Last year (Table I.) there were 5 deaths of “residents registered in Public Institutions beyond the District” who belonged to Feckenham District, viz.: Powick Asylum 1, Barnsley Asylum 1, Smallwood Hospital 1, and Alcester Workhouse 2.

The death rate in England and Wales in 1908 was 14·7 per 1000 which was 0·3 per 1000 below the rate in 1907, and lower than the rate in any other year on record; compared with the average rate in the ten years 1898—1907, the death rate in 1908 showed a decrease of 1·7 per 1000.

The “infantile mortality” last year was 56 per 1000 of the deaths; the standard of a healthy district being about 100.

Table VI. shows that the local zymotic death rates of the District as compared with those of England and Wales, are favourable.

TABLE VI.
Rates per 1000 of Population.

	All causes.	Zymotic Diseases.	Smallpox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Fever.	Diarrhœa.	Deaths under 1 year per 1000 Births.
Feckenham Rural District	14·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	0·0	56
England and Wales	14·7	1·29	0·0	0·22	0·08	0·15	0·27	0·07	0·50	121

*Extent, distribution and causes of Notifiable disease.**Smallpox.*

No case has been reported since the year 1894.

Measles.

No death was attributed to Measles, but the disease was prevalent at Astwood Bank in December, 1908, and necessitated closure of the Schools.

I ask you to refer to page 7 of this pamphlet for some general remarks with regard to the School Closure due to Measles. I do so in order to save the cost of re-printing them here.

Scarlet Fever.

Table VII. shows the monthly incidence of Scarlet Fever.

TABLE VII.

Locality.	No. of cases in each month.	Total.	Dates of fatal cases.
Astwood Bank	Mar. (1), Nov. (1)	2	
Ridgway, Cookhill	July (1)	1	
	Mar. (1), Nov. (1)	3	
	July (1)		

Two of these patients were treated at your Isolation Hospital (Alcester Sanatorium).

I commend to your consideration some observations with regard to "return cases" of Scarlet Fever made at page 46.

Diphtheria and Typhoid Fever.

No case has been reported during the past two years.

Some etiological views as to the dissemination of Diphtheria will be found on pages 10 and 11.

Tuberculosis.

Eight deaths (Table IV.) were attributed to Phthisis as compared with 4 in 1907, 4 in 1906, and 5 in 1905. Your Inspector as usual offered to disinfect the houses where deaths occurred, and succeeded in doing so in 5 instances. The rate per thousand of the population in 1908 was 1.4, as compared with 0.6 in 1905, 0.7 in 1906, and 0.7 in 1907.

I desire to call your special attention to the Appendix of this report, which contains my memorandum on Consumption.

From what I have said it will be obvious that the Vital Statistics for 1908 were favourable, and that the District was very free from zymotic disease during the past year.

Schools.

The following Schools were closed during the year.

Schools.	Date.	Period.	Cause.
Feckenham C.E.	Sept. 7	2 weeks	Drainage alterations
Astwood Bank Council	Dec. 17	3 „	Measles

In my last Annual Report I mentioned that the Local Government Board had intimated that future Annual Reports should refer to the sanitary condition of the Elementary Schools. In consequence of this, your Sanitary Inspector (Mr. Dolphin) made a survey of the Schools in the District, and I now submit his report.

“All Schools have been inspected, with the result, that in several instances improvements have been carried out.”

Crabbs Cross Council Schools.

“A good system of water closets are in use at these schools and are properly flushed, drains are trapped and ventilated, there is a good water supply, schools and out-offices are kept exceptionally clean.

Astwood Bank Council Schools.

“On inspection the closets and urinals at these schools were in a very dirty condition; after writing to the managers, there is a great improvement in this respect, closets are provided with automatic flushing apparatus, the drains are trapped and ventilated.

Feckenham Church of England Schools.

“The closets have been reconstructed, and converted into water closets with automatic flushing apparatus, the drains are trapped and ventilated.

Inkberrow Council Schools.

“Pail closets are used, and scavenged weekly by caretaker. Drains are trapped and ventilated.

Cookhill Council Schools.

“Pail closets are used, the closets have been repaired, and the caretaker will be able to keep them much cleaner; the drains are properly trapped and ventilated.

Abbotsmorton Church of England Schools.

“The closets and urinal at these schools are very defective, the managers are prepared to reconstruct middens and urinals, as soon as possible; water is obtained from well, 150 yards from schools.

Isolation Hospital (Alcester Sanatorium).

Table III shows that during the year it was only necessary to remove two cases to your Sanatorium.

House Accommodation.

During the year, five houses were erected, and seven made fit for habitation. Should the Housing and Town Planning Bill now before Parliament, become law this year, as seems probable, much greater responsibilities will be imposed on Local Authorities and Owners.

Sewerage.

Hunt End. The question of whether or not Hunt End is to be sewered is still in abeyance.

Scavenging.

I understand from your Inspector that the Scavenging of Astwood Bank and Hunt End have been satisfactorily carried out during the year.

Water Supply.

During the year 13 houses have been supplied with water from the Water-works. At the present time there are 245 houses at Astwood Bank connected with the Water Mains.

Thirteen houses have recently been found to have polluted water supplies, and the owners will be required to provide wholesome supplies at once.

*Places over which the Council has control:—**Slaughter-houses.*

There are 5 registered Slaughter-houses in the District. These have been regularly inspected and limewashed. One of those at Feckenham, your Inspector says, should be kept cleaner than it has been.

Bakehouses.

There are 12 bakehouses in the District. Two were found to be dirty, one ought to be kept cleaner than it was; one had a bad floor, one was insufficiently ventilated, and one was badly lighted. The ventilation of two was improved. Limewashing is regularly required, but in some instances, the cleaning of utensils and the washing of the floor are not satisfactory. Your Inspector has dealt with all these cases.

Dairies and Cowsheds.

There are 19 registered Cow-keepers and Dairymen in the District, an increase of two upon 1908. Fifty-eight visits were paid to these during the year. In 5 cases limewashing was ordered to be done, in 3 the drains were improved, and 2 have been provided with better lighting and ventilation. The Inspector mentions "that the cleanliness of cowsheds appears, in some instances, to be a matter of indifference," and consequently he has frequently visited them. He adds, much time must be spent on this work, if cowsheds are to be kept in a reasonably clean condition. Should the Milk Bill (which the President of the Local Government Board has intimated he intends to lay before Parliament during the present Session) become law, I have reason for thinking that it will probably revolutionise the way in which the milk trade is carried on.

Factories and Workshops.

There are 17 Factories and 14 Workshops in the District; and 118 visits were paid to these during the year. It was necessary to require 4 to be limewashed. At 5 Factories the Closets or Urinals were found to be dirty, chiefly owing to insufficient flushing; but your Inspector caused this to be remedied. The Factory Inspector found one defective closet, which has been reconstructed, under the supervision of your Sanitary Inspector.

Public Health Acts Amendment Act, 1907.

Application has been made to the Local Government Board to put in force the following Sections, viz.: 15, 16, 22, 23, 25, 26, 30, 33, and the whole of Parts 3 and 4 (with the exception of Section 47 and 61).

I append your Sanitary Inspector's (Mr. Dolphin) Annual Report, and in doing so, desire to express my appreciation of the excellent manner in which he has discharged his duties.

Your obedient servant,

G. H. FOSBROKE, D.P.H. Camb.,

SHIREHALL, WORCESTER,

County Medical Officer.

March, 1909.

Inspector's Report of the Sanitary Work completed in the year
ending 31st December, 1908.

Prevention of Infectious Disease under direction of Medical Officer of Health.	No. of cases enquired into - - - -	3
	No. of houses disinfected and cleansed - -	3
	No. of patients removed to Hospital - -	2
	Lots of bedding, clothing, etc., disinfected or destroyed - - - - -	3
	Cases of illegal exposure reported - -	—
Houses.	No. erected (if information obtainable) -	5
	No. made fit for habitation - - - -	7
	No. closed as unfit for habitation - -	—
	No. cleansed and lime-washed - - - -	15
Overcrowding.	No. of cases abated - - - - -	2
House-drains.	No. laid or relaid - - - - -	19
	No. cleansed, trapped and ventilated - -	46
	No. of defective waste-pipes rectified - -	5
	No. of insanitary lavatories, sinks and urinals rectified - - - - -	23
	No. of dumb wells rectified - - - - -	15
Water Closets.	No. of additional W.C.'s provided - -	7
	No. repaired, ventilated and supplied with flush cisterns - - - - -	6
Privies and Ash-pits.	No. of additional privies and ashpits provided -	—
	No. converted to W.C.'s or slop closets - -	7
	No. converted to pail closets - - - -	24
	No. repaired - - - - -	36
Dust Receptacles (portable).	No. of new dust receptacles provided - -	—
Scavenging.	Total No. of houses from which refuse removable	580
	Total No. of privies and ashpits cleansed -	—
	Total No. of portable receptacles cleansed -	254
	Total No. of loads of ashes and excrement removed - - - - -	229
	Total No. of loads of ashes and refuse removed	288
Smoke Nuisances.	No. under observation - - - - -	—
	No. abated - - - - -	—
Offensive Trades.	No. under observation - - - - -	1
	No. improperly conducted - - - - -	—
Water Supply.	No. of wells sunk - - - - -	3
	No. of wells cleansed and repaired - -	3
	No. of wells closed as polluted - - - -	8
	No. of houses supplied from waterworks (during year) - - - - -	13
	No. of samples of water sent for analysis -	12
Slaughter Houses.	No. registered or licensed - - - - -	5
	No. regularly inspected - - - - -	5
	No. cleansed and repaired - - - - -	2

Factories and Workshops	No. under inspection - - - - -	64
	No. certified for lime-washing by Inspector -	4
	No. of insanitary conditions dealt with as Nuisances - - - - -	—
	No. employing “young persons,” &c., reported to Medical Officer of Health - - -	6
Shop Hours Act.	No. of shops under supervision - - -	—
	No. of contraventions of Act dealt with -	—
Dairies and Cowsheds.	No. of persons engaged in milk trade now on Register and under supervision - -	19
	No. of contraventions of Acts. Orders and Bye laws dealt with - - - -	12
	No. of infected milk supplies reported by Inspector - - - - -	—
Canal Boats.	No. of boats on Register - - - - -	—
	No. of boats registered during year - -	—
	No. of certificates renewed - - - -	—
	No. of boats inspected (for registration or otherwise) - - - - -	—
	No. of contraventions of Acts and Regulations dealt with - - - - -	—
Lodging Houses.	No. on Register - - - - -	—
	No. regularly inspected - - - - -	—
	No. cleansed and repaired - - - - -	—
Food.	No. of seizures as unfit for consumption -	—
Food and Drugs' Act.	No. of samples taken for analysis - -	—
	No. of samples certified genuine - - -	—
	No. of samples certified adulterated - -	—
Animals kept so as to be a Nuisance.	No. of cases of removal on notice - - -	1
Accumulation of offensive refuse.	No. of removals - - - - -	6
Legal proceedings	No. taken - - - - -	—
	No. of convictions obtained - - - -	—
	No. of cases withdrawn or dismissed -	—
Clerical Work	No. of official letters written - - -	264
	No. of notices served - - - - -	68
	No. of notices complied with - - - -	66
	No. of notices outstanding - - - - -	2

Remarks :

The Astwood Bank sewer has burst twice about 150 yards from outfall, and it will be necessary to construct larger sewer, or a relief pipe, from this particular point, to prevent a recurrence.

(Signed) GEORGE DOLPHIN,

21st January, 1909.

Sanitary Inspector.

APPENDIX.

*To the Corporation of Evesham, and Evesham, Pershore and Feckenham
Rural District Councils.*

GENTLEMEN,

Public Health (Tuberculosis) Regulations, 1908.

As you referred the "Public Health (Tuberculosis) Regulations" issued by the Local Government Board on 18th December, 1908, to me, I beg to present the following report upon them:—

The "Regulations" apply only to patients who come under the care of poor law Medical Officers, and provide (a) for the Notification to the District Medical Officer of Health of cases of pulmonary tuberculosis (Consumption of the Lungs) occurring amongst persons under their care, and (b) for taking certain precautionary measures in such cases.

The "Order" directs that every Poor-law Medical Officer shall notify cases occurring in Poor-law Institutions, or Poor-law Districts, within 48 hours after his recognition of the symptoms.

Superintending Officers of Poor-law Institutions are also required to notify within 48 hours to the Medical Officer of Health, the actual or intended place of destination, of any person leaving the Institution in respect of whom, a notification has been made by a Poor-law Medical Officer.

Relieving Officers have to report changes of address of out-door paupers.

The Board point out that "Sanitary Authorities acting on the advice of their Medical Officers of Health should utilize their powers for the purpose of preventing the spread of infection from pulmonary tuberculosis."

The Order confers some special powers, which the Board are advised, are suitable for this purpose, and Article IX. is as follows :

ARTICLE IX. (1). Nothing in these Regulations shall have effect so as to apply, or so as to authorise or require a Medical Officer of Health or a Council, or any other person or Authority, directly or indirectly, to put in force with respect to any poor person, in relation to whom a notification in pursuance of these Regulations has been posted to a Medical Officer of Health, any enactment which renders the poor person, or a person in charge of the poor person, or any other person, liable to a penalty, or subjects the poor person to any restriction, prohibition, or disability affecting himself, or his employment, occupation, means of livelihood, or residence, on the ground of his suffering from Pulmonary Tuberculosis.

(2). Subject as aforesaid, a Council, on the advice of their Medical Officer of Health, in the case of a poor person in relation to whom a notification in pursuance of these Regulations has been posted to the Medical Officer of Health, may, for the purpose of preventing the spread of infection from Pulmonary Tuberculosis :—

- (I.) take all such measures, or do all such things as are authorised, in any case of infectious disease, or of dangerous infectious disease by any enactment relating to public health, and as have reference to the destruction and disinfection of infected articles, or the cleansing or disinfecting of premises ;
- (II.) take all such measures or do all such things as are appropriate and necessary for the safe disposal or destruction of infectious material, produced and discharged, as a result of Pulmonary Tuberculosis ; and otherwise for the prevention of the spread of infection from any such material ;
- (III.) afford or supply all such assistance, facilities, or articles as, within such reasonable limits as the circumstances of the case require and allow, will obviate, or remove, or diminish the risk of infection arising from the conditions affecting the use or occupation of any room, when used or occupied by the poor person as a sleeping apartment ; and
- (IV.) furnish, for the use of the poor person, on loan or otherwise, any appliance, apparatus, or utensil, which will be of assistance for the purpose of any precaution against the spread of infection.

(3). A Council, on the advice of their Medical Officer of Health, may provide and publish or distribute in the form of placards, handbills or leaflets, suitable summaries of information and instruction respecting Pulmonary Tuberculosis, and the precautions to be taken against the spread of infection from that disease.

The Circular which accompanied the "Order" mentioned that the Board proposed to issue a Memorandum by their Medical Officer, setting out the appropriate action that can be taken under these powers.

I received this important pronouncement on March 5th last, and now give extracts from it, with my comments.

Public Health Administration, whether dealing with poor-law persons under the Board's Order, or with other persons suffering from consumption, is concerned with similar problems; though these problems are more acute, and help is more urgently needed in cases of poor relief than in other instances.

In all cases alike however, it will be wise to take measures to avoid spread of infection, and with this object in view, to educate and train consumptive patients in the method of life suitable to this disease, and to remove all conditions which favour infection.

As you know Consumption of the Lungs is very fatal, and although happily the death-roll is declining, it still accounts for 56,000 deaths every year in England and Wales.

In order that you may compare the local mortality of Consumption with that of Scarlet Fever, Diphtheria, and Typhoid Fever, I submit the following Table.

District.	Consumption during years 1899—1908.		Scarlet Fever, Diphtheria and Typhoid Fever during years 1899—1908.	
	Total No. of Deaths.	Average Annual Death Rate per 10,000 of Population.	Total No. of Deaths.	Average Annual Death Rate per 10,000 of Population.
Borough of Evesham	77	9·0	29	3·5
Evesham Rural District	66	8·0	11	1·3
Pershore " "	151	11·0	20	1·5
Feckenham " "	59	10·0	4	0·7
Totals ..	353		64	

This Table shows that in *each* District the total number of deaths from Consumption during the decade 1899—1908, exceeded the total number of deaths from Scarlet Fever, Diphtheria, and Typhoid Fever collectively; and that whereas the Consumption death rates in the Borough of Evesham, and Evesham and Feckenham Rural Districts do not materially differ, that in the Pershore District is the highest of the four. You will also notice that the total deaths from Scarlet Fever, Diphtheria, and Typhoid Fever in the four districts do not amount to one-fifth of those caused by Consumption.

These are striking facts, and show that consumption is a veritable "white plague," and one which not only incapacitates the "bread winners" of many families for long periods, but renders numbers of homes destitute. Not only is this so, but my recent experience as School Medical Officer for the County Education Committee convinces me, that the disease is more common among the children attending the Elementary Schools, than is generally supposed.

Characteristics of the Disease.

Consumption, is an infectious disease caused by the Tubercle Bacillus; and in the following remarks infection from human patients alone is considered. But I may say in passing, that infection from bovine tuberculosis occurs chiefly by means of cows' milk, and can be avoided domestically by boiling milk, as is done almost universally in France and Germany.

It is not only a preventible disorder, but can be arrested, especially if detected in its early stages. On the other hand it is admitted that a certain proportion of the total number of consumptives gradually deteriorate in health, notwithstanding every effort made on their behalf.

The patients to whom this latter remark applies, will certainly diminish in number when they, and the public, realise the importance of early and accurate recognition of the causes of failure of health, especially if accompanied by cough. Development of consumption is aided by conditions unfavourably influencing public health.

The disease can be prevented by avoiding infection.

The infection of "consumption" under ordinary circumstances is derived from the lungs, the infectious material being discharged by "expectoration" (spitting). I am glad however to say that education is increasingly bringing the pressure of public opinion to bear against this disgusting habit: added to which the Bye-laws made by the County Council, now make any one who spits on the floor, side, or wall of any public carriage or in any public hall, public waiting room, or place of public entertainment whether admission thereto be obtained upon payment or not, liable to a penalty.

Infection by spitting can be controlled by the patient, and with but little trouble, if he is scrupulously careful.

Against the limited channels of transmission of consumption must be set its protracted duration, for it may be infectious during months or even years, instead of only for a few weeks as is the case with most infectious diseases.

An exaggerated fear of infection is unnecessary and undesirable, and it cannot be too generally known, that if proper care be taken the vast number of those attacked, recover; but on the other hand it cannot be too often stated, that bad ventilation, overcrowding and other evils of housing and occupation, too often disseminate the disease.

Early detection (diagnosis).

Every facility for early recognition of the disease is an important preventative means. The provision of facilities for the *gratuitous* bacteriological examination of Expectoration (Sputum) is one of the most successful means of securing earlier recognition of cases than would otherwise occur, and such facilities have for some years past been available locally, by means of the Bacteriological Laboratory established and maintained by the County Council.

As soon as the disorder has been detected, the patient should be acquainted with the nature of his ailment, and should be encouraged to fight against it; and to realise that, provided only it is in the early stage, the question of cure rests to a great extent in his own hands.

It is a cruel mistake not to tell a person he has Consumption, until he is dangerously ill, and the disease has advanced so far, as to render cure either difficult or impossible.

Action against infection.

When a case has been "notified," enquiries should be made and advice given as to the precautions to be taken; but in doing so, tact and discretion are essential; and nothing should be said to any way interfere with advice already given by the doctor in attendance. Above all, no enquiries must be made, or any action taken in a manner that will prevent a consumptive patient continuing to earn his living.

In order to bring home to consumptives, and those associated with them, what "precautionary measures" should be adopted, I submit the following rules which have been issued by the Worcestershire Association (of which I am a member) for the Prevention of Consumption, and suggest they be printed as a leaflet, which could not only be handed to consumptive patients, and those in charge of them, but be widely circulated, as you are empowered to do by Article IX. (3), quoted above.

WORCESTERSHIRE ASSOCIATION FOR THE PREVENTION OF CONSUMPTION.

Open-air Sanatorium, Knightwick, near Worcester.

GENERAL DIRECTIONS TO CONSUMPTIVE PERSONS.

1. A consumptive person should live as far as possible in the open air.
2. All rooms occupied by consumptive patients should be as light and airy as possible.
3. No chimney should ever be stopped up, and the windows should be kept wide open day and night, even in wet weather.
4. It is important that the rooms occupied by consumptives should be kept scrupulously clean. Wet dusters should be used to wipe up dust, and these should afterwards be boiled.
5. A consumptive person should not share a bedroom with anyone else.
6. Consumptives should not swallow their phlegm, as the disease may thus be conveyed to other parts of the body.
7. Consumptives should take abundance of nourishing food, especially milk, butter, and fat meat. Alcohol in any form is generally harmful.

PRECAUTIONS TO BE TAKEN BY CONSUMPTIVE PATIENTS TO PREVENT THE SPREAD OF THE DISEASE.

8. The consumptive patient must not expectorate anywhere, excepting into a special vessel kept for the purpose, which should contain a little water. An ordinary enamelled cup does very well.
9. When out of doors a small wide mouthed bottle, or a pocket spittoon should be used.
10. The expectoration should be burned; this is easily done by emptying it on to an ordinary shovel containing a handful of sawdust, and pushing this into the open fire, or put into a newspaper and burned in the fire.
11. On no account should a consumptive person spit into a handkerchief. If not provided with a spittoon he may use a piece of rag or paper, which should be at once burned before it becomes dry.
12. Consumptive persons should not kiss or be kissed on the mouth.

Persons notified to have consumption should be re-visited from time to time by your Sanitary Inspector, who should use tact and discrimination, and encourage them to carry out "open-air treatment," and to take, as far as practicable, the precautions necessary to prevent dissemination of the disease. The results of such visits should be reported to me in due course, in order that I may decide what further action, if any, is necessary.

Relieving Officers should of course not forget their obligation to promptly notify any change of address to the Medical Officer of Health for the District to which the patient removes.

Subject to not inflicting, upon the poor persons coming within the scope of the Board's "Regulations" "any restriction, "prohibition or disability affecting himself, or his employment" &c., a Sanitary Authority can take all necessary measures, for the disinfection or cleansing of infected articles and premises, (as in the case of every infectious disease) for the safe disposal of infective material discharged by consumptive patients, and for furnishing any appliance (such as spit-bottles, paper handkerchiefs, &c.), that may help in preventing the spread of infection.

Home training and supervision.

Home treatment, if depended upon alone, often fails to prevent infection, besides failing to cure the patient. Hence the importance of "Sanatorium Treatment," not only as a means for cure, but for initiating habits of life which should and often could, be maintained by continued watchfulness at home. If the patient must be treated at home throughout the whole course of his illness, it is much more difficult to secure continuous adoption of the necessary precautionary measures than if he has had a short course of treatment in an "Open-Air Sanatorium;" such as that at Knightwick (near Worcester), which has been doing such good work for the past 6 years, and is supported by the Voluntary Contributions of Private Individuals, Benefit Clubs, and *Boards of Guardians*.

Unfortunately in actual experience, a large proportion of poor patients cannot be cured, at the stage at which their disease is first recognised; consequently a large proportion of the advanced cases have to be treated in Workhouse Infirmaries (many of which are excellent); for in the homes of the poor it too often happens that suitable bedroom accommodation cannot be provided, and that the wife (or other relative in charge of the patient) is overworked, and thus more easily rendered a victim to infection. I think, however, it is well worth considering, how far your Smallpox Hospitals, situated as they are in the open Country, could be utilized for the treatment of advanced cases of consumption during the long periods which happily occur between outbreaks of Smallpox.*

*Since the above paragraph was written, I find such a Scheme is now being carried out at Brighton, Liverpool, Manchester, Darlington, Sheffield, St. Helens, Leicester, Lewes, Northampton, and Lanchester.

This idea, if entertained, would of course have to be carefully thought out.

As poor persons frequently pass outside the scope of the poor-law, and as there is reason for supposing that "Notification" of all cases of Consumption may be made compulsory before long (as it now can be in Ireland); it seems desirable not to limit consideration of this question strictly to poor patients. Under these circumstances I would remind you that you are empowered, if you wish, to establish a *Voluntary* system of Notification, and that the Local Government Board have advised that payment of fees for such Notifications is within the powers of a Sanitary Authority.

The number of Notifications of Tuberculosis under the "Order" will probably be comparatively few. Nevertheless steps should be taken to deal with them; and consequently I advise that consideration of this Report be referred to a Committee of each Council to whom I now have the honour to report.

Your obedient servant,

G. H. FOSBROKE, D.P.H. Camb.,

County Medical Officer.

SHIREHALL, WORCESTER,

March, 1909.